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ORIGINAL ARTICLES.

SURGERY OF THE PROSTATE GLAND.*

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On the 20th of February, 1806, Mr. Everard Home read a paper on Enlargement of the Prostate Gland before the Royal Society of London, from which date the scientific treatment of the enlargement of the gland may be said to have commenced.

Long prior to this, however, diseased conditions of the gland had attracted the attention of anatomists and surgeons. The thirty-seventh letter of Morgagni deals with the question of prostatic calculi, and he quotes cases which occurred in the practice of well-known surgeons, amongst others naming James Douglas, and writes of the secondary effects of enlargement thus:—"When sabulous and viscid matter abounds, particles of them remaining after the last drop of urine has been expelled may sometimes concrete at the part where a hollow is occasioned by the projection of the prostate gland in the male, and of the corpus glandosum in the female, and here it may acquire an annular form as if it had been cast in a mould," a condition of affairs which actually came under

the notice of Sir Henry Thompson more than one hundred years after. The forty-sixth letter of the marvellous collection gives the case of an old man, the middle lobe of whose prostate gland resembled a pear, and he remarks: "How far the prostate gland is liable to excrescences which raise themselves up from its superior circumference, or all round, or from a certain part, into the cavity of the bladder, it would be very easy for me to show." He quotes from Fantonus the case of a man, aged sixty, who, "having died, after a long-continued and troublesome stillicidium of urine, had the prostate not only purulent, hard, and immoderately tumid, but produced far and wide, towards the lower part of the bladder; also the capacity of the bladder was very small and the membranes were very thick." Troublesome retention of urine occurring occasionally is particularly dwelt on by Morgagni as a symptom of enlarged prostate. Indeed, dysuria is mentioned in the thirty-first aphorism of Hippocrates as one of the troubles of old age. As we read the clinical pictures of the suffering entailed by an enlargement of the gland, we cannot help being surprised to find how little the older sur-

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geons did to relieve this very common and distressing disease. Although the general level of surgery was low in the fifteenth, sixteenth, seventeenth, and eighteenth centuries, there were withal "giants in those days," who found light in darkness. In 1490—a date prior to the memorable first journey of Columbus—the kidney was excised from an archer of Baguilet; in 1560 Rousset repeated the operation; and in 1652 Domenico Marchetti, of Padua, performed the operation on Mr. Hobson, H. B. M.'s Consul in Venice. "The very excellent Fantonus" excised the spleen of a woman, "who lived for five years after the operation; and having conceived and brought forth in the meantime, least anyone should doubt of the extraction of this viscus, no spleen was found in any part of the body upon dissection; only cicatrices appeared in the neighboring parts, to which it is wont naturally to adhere."

Colot, in 1475, by permission of Louis XI., performed supra-pubic lithotomy successfully as an experiment on a criminal, and Pierre Franco performed the same operation in 1556 on a child, aged 2. Scultetus, in 1661, pictures and describes laparotomy; suture of the peritoneum and use of the catheter, the introduction of which instrument, for the relief of prostatic retention, Sir Benjamin Brodie considered was due to Sir Everard Home. Mary Donnelly, "a handy woman," a native of the little village of Clogher, in the County Tyrone, in January, 1738, successfully performed Cæsarean section on Alice O'Neale of the same place. Percival Pott opened the longitudinal sinus to relieve a headache; and O'Halleron, of Limerick, slit the *corpus callosum* from its anterior to its posterior border, simply to test the truth of Decarte's theory as to its being the seat of the soul. The history of the operations for aneurysm by Antyllus, Anel, and Hunter does not need telling. But the memory of John Bell suffers from the greater glory attained by his pupil, the distinguished Virginian, McDowell, the ovariologist, whose courage, dexterity, and self-possession in the presence of danger had, I think, their genesis in the example of his great teacher, who, to remove foreign bodies or liberate purulent fluid, did not hesi-

tate to cut freely into the pleura and even into the pericardium.

Littre, whilst yet a young man, performed cholecystenterostomy, and M'Keever, of this city, in 1824, successfully removed eighteen inches of small intestine (ilium) from a parturient woman. No cavity nor viscus escaped the surgeon's knife—the bladder was opened by Pierre Jacques, by Rau, by Chaselden, the prostate gland was torn to shreds by the Marian lithotomy operation; and, as late as 1816, Sanson revived the old method of cutting into the bladder from the rectum.

How can we explain the fact that operative interference for the relief of retention due to enlargement of the prostate—so common, so painful, and so dangerous—was neglected? Two things, I think, contributed to this neglect—(a) the theory ascribed to Hippocrates, that wounds to membranes were fatal, and (b) the dread of urine coming in contact with the fresh wound; and, we may add, the fear of wounding the peritoneum, which surgeons had at the beginning of the century. All attempts to reach the bladder by the supra-pubic method incurred the risk of wounding the peritoneum. The membrane, occasionally, was found to fall over the anterior surface of the bladder. Kirby found and described such cases; but the surgeon who would cut down on an iliac aneurysm and remove the peritoneum from the blood vessels, would, nevertheless, dread a fold of peritoneum on the bladder surface, and by preference would open the bladder through the rectum. It is hard to understand this state of mind.

John Hunter came very near revolutionizing the surgery of the bladder, when he tapped the viscus and afterwards cut down on the canula, sutured the wound, and allowed the bladder to fall back into the pelvis. Hunter was, however, in no mood for pondering on the operation and its success; he remembered only the fact that, acting on the diagnosis of a friend, he had made a mistake. When Hunter died, the last hope of progress for many years was lost. Brodie, who made the dissections for Sir E. Home, could only propose tunnelling the enlarged prostate—an operation which quickly fell into discredit

when Mr. Barnsley Cooper, in 1851, published his case of fatal hæmorrhage following the perforation of a diseased third lobe. A step in the right direction was, however, made when Sabatier recommended a long catheter "with a very long beak" in cases of prostatic disease. Hoping to avoid the trouble of frequently passing the instrument, M. Cruviellier recommended that the catheter be retained in the urethra, and, practically nothing more was done for many years. Patients were condemned to a life of catheterism—a condition which to the leading surgeon of the day, Sir B. Brodie, appeared very tolerable.

Brodie died in 1862, when anæsthetics were being universally used; and the rising generation of surgeons, no longer trammelled by authority and armed with chloroform, commenced to seek for some more promising remedy than the prostatic catheter.

Dieulafoy, in 1870, introduced his aspirator, and who has not felt the advantage of having such a prompt method of relief for the poor agonized victim of an enlarged prostate. How different from the oft-repeated attempts to pass catheters small and large, and all the delay and inconvenience of getting the patient into a hot bath and so forth. Aspiration is, however, simply a palliative measure. M. Mercier, whose prostatic catheter is so well known, was perhaps the first to recommend prostatectomy, which he performed by passing his *inciseur* along the urethra until it came to the bar of tissue which passes between the lateral lobes of the gland. The operation was little more than a modified urethrotomy, but it was a step in the right direction, one fruitful of good—"a cloud no bigger than a man's hand," yet destined to fall in showers of blessings on suffering humanity.

To Gouley, of New York, is due the credit of recognizing that incising the prostate was insufficient, and to carry out his idea he devised an instrument with which he punched out obstructive portions of the gland. Mr. Harrison's paper, read at Copenhagen in 1884 on the treatment of prostatic obstruction by section of the gland, was a marked advance, and told that the current of surgical thought was in favor of radical measures being adopted.

The advantage of aseptic surgery had now come to be recognized, and the peritoneum no longer frightened surgeons. Dittel, in 1885, performed supra-pubic prostatectomy, and he was followed in the innovation by Trendelenberg, Belfield, Schmidt, and M'Gill, of Leeds. Three cases by the latter were brought before the Clinical Society of London on the 11th of November, 1887. After the usual supra-pubic cystotomy, "the growth was removed partly by tearing with forceps, and partly by cutting with scissors, or with a strong cutting instrument, which he (Mr. M'Gill) devised for the purpose.

The same volume of the Clinical Society's Transactions (Vol. XXI.) contains an account by Sir Henry Thompson of an enormous prostate, which so inconvenienced the patient, a man, aged sixty-four, as to make his life miserable. "He passed all, or nearly all, his urine by catheter, requiring it every hour and a half, night and day." This case is of more than ordinary interest, for in November, 1885, Sir H. Thompson had by a perineal incision made a digital examination of the bladder, divided a stricture by internal urethrotomy, "so as to pass a No. 15 (English size) metal dilator with ease," yet in 1886 he had to pass a catheter, "on the average, twenty times in the twenty-four hours." His condition became so bad that supra-pubic cystotomy was performed on the 29th of April, 1886. In April, 1887, he walked into Sir H. Thompson's rooms, "looking the picture of health." "Owing to the dread of urine infiltrating the tissues, he wore a silk web, gum elastic tube, which connected the interior of the bladder with an ordinary urinal attached to the leg."

To the great advantage of digital exploration was soon added the sense of sight; and whether we give credit to Nitze or Leiter for the introduction of the cystoscope, or divide the honors between them, we cannot but recognize the immense value of the instrument which enables us to explore the cavity of viscus as perfectly as we may examine the mouth.

A prostatic hypertrophy may prevent the introduction by the urethra of the cystoscope, but in doubtful cases an exploratory cystotomy, and the introduc-

tion of the cystoscope through the wound are not only justifiable, but demanded.

Casper, of Berlin, like other surgeons, wishing to avoid the hæmorrhage which occasionally attends prostatectomy, has tried to bring about a diminution of the enlarged prostate by passing a continuous current through it, the negative pole being thrust into its substance through the rectum. Of the two cures effected, one was produced at the expense of a fistula—not a very agreeable outlook. In cases of organic stricture I gave electrolysis a fair trial, but, failing to get any good results, I do not fancy the treatment in prostatic hypertrophy.

White, of Philadelphia, in 1893, suggested castration. He writes:—"It occurred to me some time ago, if the analogy between uterine fibro-myomata and prostatic overgrowth was a real one, castration might have the same effect on the latter that oöphorectomy has upon the former, and cause a shrinkage or atrophy which would result in practical disappearance of the obstruction." The operation is on its trial; so far it seems to have given good results. In one case, however, in which I performed the operation, the patient became melancholic in a few months. After such an experience I naturally give some other method the preference. Ligaturing the internal iliac arteries, as suggested by Biers, was performed for enlarged prostate by Meyer in 1894. "The operative technique was, however, unfavorable, being productive of recurrent hæmorrhage from the left iliac, necessitating re-ligature and amputation of the foot for gangrene."

There are, however, a large number of old and debilitated patients who cannot, with any prospect of success, submit to either prostatectomy or castration, and to whom the idea of carrying a urinal on their person is hardly less dreadful than death. As in the operation of ovariectomy, so in that of castration, melancholia will follow in a small percentage of cases, and prostatectomy is sometimes attended with alarming hæmorrhage; occasionally the operation is rendered futile by various forms of sub-urethral prostatic growths—a complication which demands special operative measures for its relief. Incision of the *vas deferens* is as yet on its trial,

and until we get more information on the results obtained by the operation we cannot form an opinion on its value.

The sufferers are, happily, not without the means of relief; for them there is an ideal operation, easy of performance, and practically free from risk. I refer to the formation of an anterior artificial urethra as was devised, and the operation performed by our distinguished ex-president, Dr. Hunter M'Guire, which operation, in May last, I performed on a poor house painter, named Reilly, suffering from prostatic retention of urine, who came under my care in the Whitworth Hospital, Drumcondra. For years he had been suffering from dysuria, and from time to time he had complete retention, which a local practitioner relieved by passing a catheter. Latterly, the passing of the instrument became very difficult, and finally, his attendant having failed to pass the catheter, the man came under my care. He was in intense agony, and through the thin abdominal walls the outline of the bladder—which reached as high as the umbilicus—could easily be made out. He was aspirated, and sixty-five ounces of urine drawn off.

For the following four days he was aspirated night and morning, and put on an acid-quinine mixture, and saccharine was substituted for sugar in his food. Thoroughly weary of the life he was leading, he asked me to do something to relieve him from these attacks of retention. I told him that it was possible to get free of them, and he consented to an operation. Having thoroughly cleansed the part, and following Dr. M'Guire's directions, as published in the "Transactions of the American Surgical Association," I began my incision three inches above the upper border of the symphysis pubis, cutting vertically down to the bone, and laying bare the linea alba. My next incision, passing through the linea alba, was three-quarters of an inch shorter than the cutaneous one, the shortening being made at the expense of the upper end of the wound. Still keeping in the median line, I separated the tissues with the handle of the scalpel until I came on the transversalis fascia, which I divided. The bladder now bulged into the wound, and was secured by two long-handled tenacula, and slit

for almost an inch between them. My finger followed the knife very quickly, for there was no bag in the rectum, and the walls of the bladder were as thin as tissue paper, the tenacula coming through them when the slightest traction was made. About twenty ounces of urine flowed out. A soft gum catheter was now introduced, and I sewed up the cutaneous tissues with three deep and three superficial catgut ligatures, leaving an opening at the highest point of the wound of half an inch in length. The following day I removed the catheter and placed a large pad of absorbent cotton over the wound.

For nearly a month the urine dribbled through the superior opening of the wound, and the patient began to think that his last state was worse than his first. Gradually, however, he began to gain control over his bladder, and now (November 1st), almost six months after operation, he is pursuing his work daily, finding no inconvenience from the wound, which he keeps stopped with a little plug of cotton wadding. He is able to retain his urine for four or five hours during the day, and has not once to rise during the night. He expels the stream of urine some feet from his body, and is free from any urinous smell. Since the operation he has gained in flesh, eats well, sleeps soundly, and is very happy in the consciousness that the agony of retention cannot occur to him again.

From the digital examination of the bladder I found the prostate to project almost to the posterior wall of the viscus in a saucer-like body, concave on its superior surface from side to side and from before backwards; its under-surface was convex, and fitted like a little lid over a vesical fossa. On raising up the enlarged prostate I found it could be readily applied to the anterior wall of the bladder, and closed the urethral orifice as a cap.

Without one unpleasant symptom the case made a good recovery, and he left the hospital six weeks after admission.

The points of interest in the case were the peculiar shape of the prostatic hypertrophy, its flexibility—almost rubber-like—and the extreme thinness of the walls of the viscus.

The operation is, I think, the first of

its kind done in the three kingdoms; and certainly for facility, ease, and effectiveness it is superior to any known to me. No blood is lost, all the incisions being through extra-vascular tissues; the risk to the peritoneum is more imaginary than real, for if the membrane is met it can readily be avoided; it is quickly performed, and is unaccompanied by shock.

As this was the first case of M'Guire's operation done in this country, and as it has been highly approved of by many distinguished surgeons who either were present or have examined the patient since the operation, I thought it would not prove unacceptable to the Southern Surgical and Gynecological Association. To me it appears more generally useful than any other urinary vesical operation I know of, and it has the enormous advantage of being capable of performing on the very old, very feeble, and the very nervous. A great advance in surgery, worthy of the home of McDowell and Marion Sims.

A Parrot Yarn.

A man whose niece had coaxed him to buy her a parrot succeeded in getting a bird that was warranted a good talker. He brought it home, and after putting it in a cage stood before it and said, "Say uncle, Polly." The bird did not respond, and after repeating the sentence a dozen times or more with no better success the uncle put his hand into the cage, and grabbing the bird by the neck, shook him until his head wobbled around, all the time yelling to him, "Say uncle, goll darn you, say uncle!" The bird looked limp and lifeless, and, disgusted with his purchase, the old fellow took the parrot into the yard, where he had a coop of thirty chickens. Thrusting the half-dead bird in with the chickens, he exclaimed, "There, by gosh! you'll say uncle before you get out!" Next morning the uncle went out to see how the parrot was getting on. Looking into the coop, he counted twenty-nine dead chickens, and in the centre of the coop stood the parrot on one foot, holding the thirtieth chicken by the neck and shaking it till its head wobbled, and screaming, "Say uncle, goll darn you, say uncle!"—*New Bedford Standard*.

THE TREATMENT OF PNEUMONIA.

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After an experience of forty-six years, during which time I have been obliged to treat pneumonia under various conditions, and with both unsanitary and sanitary surroundings, it is to be supposed that I should favor that mode of treatment which has given me the best results.

In California, in the years 1849 and 1850, and subsequently, until the advent of families, we were obliged to rely upon such nursing as could be obtained from men wholly unaccustomed to sickness of any kind. The physician was often obliged to remain with his patients for hours, until he had fully impressed upon his nurse the importance of strict compliance with orders, and given him an object-lesson in administering medicines and preparing such nourishment as was obtainable at the time.

Miners working in the river-beds and upon the bars, were usually soaked from the waist down during the entire day, and many slept in their underclothes and wet stockings. The result was, frequent and severe attacks of pneumonia, that required prompt and radical treatment. Very few lived in log cabins where an equable temperature could be maintained. In tents, the only means of heating was from embers or coals taken from the fires outside, and replenished from time to time as the nurse or attendant deemed best for his own comfort; the patient often times not being considered at all.

Accustomed from my youth to treating pneumonia and other inflammatory diseases by bleeding, cupping, and leeching, and having learned, under my father's teaching, that repeated bleedings did not produce the most favorable results, while one venesection continued until the pain was relieved or syncope supervened, had in a large majority of cases resulted favorably, I was not afraid to use the lancet in urgent cases. I do not now recall a case that resulted unfavorably where I resorted to free venesection. I often meet old

patients who attribute their continued good health to the bleedings of from thirty to forty years ago, "which I gave them" when they had pneumonia.

The after-treatment consisted in the use of ant. et potass. tart., potass. nitrate, and hydrarg. submur., with morphine or opium in such combination as the case seemed to demand; not forgetting a generous blister to be applied in case pain returned during the next twenty-four or thirty-six hours. A generous blister was either eight by ten, or ten by twelve inches; sometimes larger, if the cloth furnished, usually a piece of old shirt, would admit. In some cases the blister was not required, but, generally, it was applied whether or not pain returned, as patient and attendant would consider it conducive to more rapid recovery.

In many cases the patient would claim it useless to remain in bed after the second or third day, as the cough, difficult breathing and pain had gone. But the blistered side and the statement that a few hours of recreation, such as he proposed to take, would land him in another, if not a better world, always settled the matter and the patient became docile.

In a few instances only was it necessary to resort to heart stimulants, when digitalis and ammonium carb. sufficed. In the use of digitalis I was indebted to the teaching of my father. He always used the remedy in decided doses until the effect required was obtained.

After the advent of families, when the patient's surroundings were improved, and it was possible to procure fair nurses, an equable temperature and proper diet, it was not always necessary to resort to the lancet; and cupping over the affected lung, with the application of poultices of corn meal, flaxseed meal, or slap-jacks were substituted.

The first time I ever saw the slap-jack, or fried cake, used, I had been called to treat a good old Missouri mother's daughter, a girl of sixteen, who

had "a mis'ry in her side." This "mis'ry" had been partially relieved by the application of flour batter fried in lard in an immense pan. One cake formed a jacket for the affected side, which was nearly blistered. An application of cups, to which the girl submitted, rather than be bled, although it made her wince, relieved the "mis'ry" which I diagnosed pneumonia. Mist. glycyrrhiz. co., alternated with nitrous powders—in which potass. nitrate, hyd. submur., and ant. et pot. tart., are combined—with a Dover's powder at night, and the slap-jack accompaniment which the mother insisted upon using until the skin was blistered, cured a girl who has not had a day's sickness since, and who is now a grandmother. She thinks the cupping did her good and saved her life, but that it was "powerful severe."

A combination of tr. aconite, tr. verat. viridi, ammonium chloride, with syr. scillæ and syr. tolutan., I have used in the milder forms of pneumonia with good effect. I have also seen good results following the use of phenacetin in large doses, where the temperature was excessive. It may, in time, prove a good remedial agent in pneumonia. In heart failure, following an attack of pneumonia, glonoin has a good effect in my hands. I have also used digitalis combined with strophanthus, with good results.

I have abiding faith in the method which permanently cured so many of my old patients, who now live to bless me for the bleeding and blistering, which left behind no effusions or adhesions and no foundation for tuberculosis or abscess, but made them healthy men and women. Of late years, I have very often been consulted by persons suffering from chest affections which they trace back to an attack of pneumonia. In most cases neither cupping, bleeding, nor blistering had been used. I fear the old paths are becoming grass-grown, and, in consequence, many grass-grown mounds are now occupied which might have been untenanted had the old ways been trodden more persistently, or, at least, not entirely abandoned.

In the treatment of pneumonia the following rules should be observed: The temperature of the room should be maintained at not less than 62° nor more

than 75°, and there should be ample provision for the admission of fresh air to the lower as well as the upper part of the room, the patient to be protected from a direct draft. The bed should never be placed against the wall, but removed far enough from it to let the air circulate freely around it. The nurses and physician should not approach the patient until their clothing has been thoroughly warmed, as many a patient has been killed by a kindly meaning neighbor, who has rushed up to the bed with her damp, cold wraps, reducing the temperature several degrees, and in a few moments changing an evidently favorable crisis to a funeral—literally killing her friend with kindness. The feet of the patient should be kept warm by the use of earthen or rubber bottles filled with hot water. These are more agreeable than hot bricks, stove lids, or hot irons. The hands and arms should be kept covered sleeping and waking.

If warm poultices are used, they should not be too moist; and should be changed whenever causing discomfort. A little mustard should be incorporated in the poultices, as it adds greatly to their efficiency. After the first two or three days, a jacket of absorbent cotton, or of oiled-silk of two or three thicknesses, may be substituted for the poultices. In my own case I would much prefer a blister to the oiled-silk.

The only oiled-silk jacket ever applied to myself was during an attack of pneumonia about one year ago. It was about as uncomfortable as the shirt which the jealous Deianira presented to Hercules. It was applied at the suggestion of one who, in 1858, had cupped and blistered me to relieve hepatization of the right lung. Those blisters extended from the clavicle to the lowest rib, and from the spine to and across the sternum, until twenty-two had been used, one not being allowed to heal completely until another was applied. The result of this active treatment is that I am alive and well to-day, notwithstanding I was informed by the consulting physicians that there was no relief for me this side of the grave.

The jacket treatment was concurred in by one whom I myself had educated in the right way. As I always submit to my physician's orders, I allowed

them to do as they pleased. I recovered, but I think if I had had a good blister applied, I should have suffered less and made a more rapid convalescence.

The ice or cold water treatment which has been advocated, I have never tried. It may be the remedy of the coming man or of the new woman of the profession.

Changing the clothing of the patient and the bed should be frequent. The body should often be rubbed dry with warm towels, as this not only adds greatly to the comfort of the patient, but removes effete matter thrown off by the usually *very sensible* perspiration.

Bathing or sponging the body with warm alcohol slightly diluted with water, to which is added some agreeable perfume, I have always allowed, but have required it to be done under the bed clothing that there might be no resulting chill. The excreta always should be removed immediately, and the sputum never allowed to become dry; if expectorated on cloths, these should be burned at once.

The diet for the first few days should be diluted or malted milk, followed by a dose of pepsin or one of the peptonized preparations to insure perfect assimilation. Later, beef essence, or chicken jelly—made by boiling a not too young fowl until reduced to jelly and in this way obtaining the most nourishment in the smallest compass—will be found agreeable and beneficial. In the early days I had jelly prepared in this way of birds, squirrels, and rabbits. This served my purpose better than the beef tea prepared from the poor beef furnished us during the winter and early spring. Milk punch, with whiskey or good French brandy, often has been a good addition to the diet of my patients. Wine jelly, sago, tapioca, blanc-mange, arrow-root, and custards, provide variety for the patient, and prevent the disgust for food which often follows a persistent course of unvaried diet.

The medicines I prefer, I have sufficiently indicated, except, perhaps, quinine, which I have sometimes given in large doses at bedtime with decided benefit. I have, in many instances, given tartarized antimony, in from two to

three grain doses, repeated at intervals of one-half, one, and two hours, until the dyspnea was relieved, without any untoward result.

The first case in which I felt obliged to push this remedy to the limit, occurred in 1851, when I was called to see a patient who had suffered an attack of pneumonia involving both lungs about a month before my visit. The physician who had attended him at that time, with other friends who came to the coast with him, had left the week before for another locality. Owing to his feeble condition he was unable to accompany them, and remained behind. His physician had given him to understand that a relapse would probably result fatally; had cautioned him to be extremely careful about taking cold, and had advised him should his lungs trouble him in the least, to send immediately for a physician, designating myself as his choice.

I found the patient propped up in his bunk; unable to speak above a whisper; breathing with great difficulty; almost completely cyanosed; and having involuntary discharges from his bowels. He said his lungs had pained him for a day or two, but he had hoped it would pass off without having to call upon me. He was attended by a faithful old negro whom he had brought to the country with him, and who had urged sending for me as soon as he discovered his master was not feeling well. The old servant told me he knew nothing about giving medicine, as his master's friends had attended to that during his former illness.

I had a friend who had nursed for me and who obeyed orders implicitly. I, luckily, found him at leisure, and said to him: "I have a case which I am going to cure, or take the chances of shortening his life by a few hours, and I want you to help me. As I cannot stay to see what effect my medicine will have, you will have to take the chances of his dying on your hands before I return." It was about 8 o'clock at night, and it would be impossible for me to return before midnight. I combined the antimony with powdered opium and nitrate of potash—three grains, one grain, and six grains, respectively—and ordered one given every half hour until the patient was relieved or dead. On

my return, at 2 o'clock the next morning, I found my friend standing at the door of the tent. I said: "How long has he been dead?" "Dead," he replied, "why he has been sleeping like an infant for two or three hours." My patient made a good recovery, and returned to his home in Tennessee.

After my experience in this case, I never hesitated to use these remedies heroically when occasion required, particularly when bleeding or cupping was, in my judgment, not warranted owing to the enfeebled condition of the patient. Many similar cases occur to my mind, but I have given sufficient to illustrate.

CURRENT LITERATURE CONDENSED.

The Indications for Operation in Puerperal Sepsis.¹

Pre-existing pus-tubes, a uterine fibroid or ovarian dermoid converted by the trauma of labor into activity as an infecting source, should be treated by prompt resort to abdominal section. Septic endometritis, with or without putrefactive changes in retained clots and debris, should be removed by cleansing, antiseptics and drainage. Thorough intra-uterine drainage and irrigation in appropriate cases arrest the septic process. Curettage in these cases when the septic focus is limited to the uterine cavity is too extensively used. The granular area of Bumm may be broken through; closed sinuses and veins at the placental site re-opened; repeated chills and rising pulse and temperature marking the invasion of new areas of infection, and nature's barriers to increasing infection are torn away by the indiscriminate use of the curette. Plugging up the uterine cavity is positively contra-indicated; drainage should be facilitated and not obstructed in these cases. Purulent salpingitis, ovarian abscess and suppurative peritonitis, by progressive steps, may extend very rapidly, and the associated peritonitis may be circumscribed or diffuse, consequently careful and deliberate judgment must be exercised before resorting to coeliotomy. The time of the operation and the extent to which the operative procedure is to be carried, also require sound judgment. Diffuse septic parenchymatous metritis and purulent metritis should be promptly treated by hysterectomy. Puerperal sepsis, wherein the local

symptoms are those of diffuse peritonitis without localization of lesions, but where the uterus is presumably the focus of infection, is a grave condition and often justifies exploration and drainage, but hysterectomy will almost invariably prove disastrous.

Manual Interference to Correct Certain Undesirable Presentations.²

Mento-anterior positions, previously looked upon with dread by older obstetrical writers, are now known to be practically devoid of danger to both mother and child, and present slight obstacles except a somewhat tedious delivery, and if too long delayed, forceps can be used if deemed advisable. In mento-posterior positions, the chin failing to rotate forward and before resorting to embryotomy, cesarean section or symphyseotomy, earnest, well-directed efforts should be made to convert the face presentation into the occipito-anterior position of the vertex. In occipito-posterior positions, a similar effort should be made to convert them into mento-anterior positions. In attempting to perform the above, the patient should be thoroughly anesthetized (chloroform instead of ether being used because of the greater muscular relaxation from the chloroform, but ether can be used with success), lying on her back, the hips drawn well to the edge of the bed and legs supported by assistants. One hand being introduced, the other aiding it externally, is placed against the presenting part, the entire foetal mass being lifted up above the linea terminalis if there is not room in the pelvis. The

¹Lewis S. McMurtry, M.D., *American Journal of Obstetrics*, November, 1895.

²J. F. Baldwin, M.D., *American Journal of Obstetrics*, November, 1895.

fingers are then worked alongside of the child's head until the occiput in the one case, or the chin in the other can be caught and brought down, being held in this position until the next pain drives it down into the pelvis, after which delivery should be accomplished in the usual way. The required manipulations if properly directed and under profound chloroform anæsthesia, will rarely fail to accomplish the desired results.

The Elimination of Arsenic and its Detection in the Urine.³

I hold that Reinsch's test, when properly applied, is amply sufficient in delicacy and certainty to detect arsenic when present in the urine, and, on account of the ease with which it can be performed, is admirably suited to the requirements of medical men.

The real difficulty with Reinsch's test is that it is not easy to obtain hydrochloric acid free from arsenic; hence the absolute necessity of always proving that the acid contains no arsenic.

The points to which attention should be paid are: 1. To take from twelve to sixteen oz. of the urine and reduce it to one-fourth its volume by gentle evaporation. If only a small quantity of urine can be had, omit the concentration, and in boiling use a small flame and for a considerable time. 2. Ascertain that the hydrochloric acid is free from arsenic. 3. Add to the urine *one-sixth* to *one-fifth* its volume of acid. 4. Boil for at least fifteen minutes before accepting a negative result. 5. Not to trust to the appearance of the foil after boiling, as it will probably be coated by extraneous matter; but to heat it in the reduction tube, and not to pronounce in favor of the presence of arsenic unless crystals of As_2O_3 are obtained. In forensic work the crystals should further be tested chemically to prove that they are those of As_2O_3 .

A Case of Fatal Diarrhœa Due to Ascarides.⁴

This locality is notorious for affections due to round worms, especially in children, and after the rains of August and

September the affection is most prevalent. Many nervous complaints have been found associated with the presence of these worms, but it is unusual for them to cause a fatal diarrhœa, and I have not met another case like this one.

A child, ten years old, was sent to the local hospital suffering with diarrhœa. The patient looked very ill, with shrunken and anxious face, sunken eyes, and small thready pulse. On inquiry I learned that she had passed that morning four or five watery motions, and with them a big round worm.

This pointed to the conclusion that the diarrhœa was caused by worms, and I gave the child two grains of santolin with a stimulant mixture. Next morning she passed two worms. The medicine was continued, and nine worms were passed on the following day, nine worms on the next day, twenty-eight worms on the fifth day, then thirty-one; until in eight days, one hundred and eleven worms were passed. The diarrhœa was controlled by suitable astringents; but she gradually got worse and died a week later. The diarrhœa might have been due to a different cause, but I am of the opinion that the enormous number of worms set up a severe irritation, resulting as narrated.

An Unusual Case of Aortic Regurgitation.⁵

The patient is forty years old, large and well built. He was a seaman until twelve years ago, when he took to railroad work and mining, being employed sometimes at one, sometimes at the other. He was working in a mine when he became ill. His habits as to liquor had been very moderate. He once had gonorrhœa, but he denies other venereal disease. Five years ago he was ill with rheumatism in the shoulders, accompanied by some local tenderness and swelling. This kept him in bed one week, and interrupted his work for three weeks. Otherwise, he enjoyed good health until one week before the onset of his present illness. During that week he felt drowsy and languid, yet he kept at work. The night before the attack he went to bed feeling pretty well, and did not notice anything peculiar about himself. The next morning

³ J. Dixon Mann, M. D., F. R. C. P., *Medical Chronicle*, March, 1895.

⁴ N. C. Mitra, M. A., M. B., Ranchi, India, *Boston Medical and Surgical Journal*, December 5, 1895.

⁵ Herman F. Vickery, M. D., *Boston Medical and Surgical Journal*, December 5, 1895.

his companion in the hut waked him up to ask him what the matter was. He answered that nothing was wrong. But his friend insisted that a noise was to be heard inside of him as if a blood vessel had given way. Then he, also, could hear it, and on further investigation it was found that it could be heard eight feet away. Since then, shortness of breath had prevented his doing any work. The dyspnoea was greater the first three months than since. The event occurred four months before I saw him. On examination there were found a water-hammer pulse, a pistol-shot sound in the arteries, a beautiful capillary pulse in the lips and finger nails, and an aortic regurgitant murmur with peculiarities about to be described.

The heart was hypertrophied, with its apex in the sixth space and slightly displaced to the left. Over the aortic valve there was a loud diastolic murmur which could be heard not only there, but two inches from the man without touching him at all, and over his entire body—the thorax and abdomen; the neck, up to the level of the ears; in front of the ears; at the angle of the jaws; the occiput; the upper part of the humeri; the outer part and top of the shoulders; and downward to the crest of the iliac bones, back and front. It is interesting to note that while the murmur was audible over the humerus, it was not to be heard over the brachial artery. It seemed to be conducted by the bony skeleton and the muscles rather than by the blood vessels; which conclusion other observers have arrived at in similar cases. Of course what had happened to this man was the rupture of an already diseased aortic valve.

Spelter Shakes.⁶

In New Haven there are many brass foundries, and for several years I have heard from patients who worked in them, of a disease called "spelter shakes." I have tried to induce some of the sufferers to call me in during an attack, but my efforts were futile, because the attacks were short-lived and the sufferers knew that medical help was unnecessary. The proprietor of a foundry told me that he had frequently suffered from these "shakes" and that they

attack brass moulders on cold, damp days. Spelter is the name given to zinc. When the zinc has been added to the molten copper, the mixture is poured into the moulds, and the atmosphere at once becomes impregnated with the fumes of the metal. In clear, dry weather these fumes escape from the windows, etc., but in wet, wintry weather the men work in a fog of these metallic fumes. Some of the moulders, especially if suffering from a slight cold, are likely to be taken with a severe chill. The stricken one feels terribly cold, hurries up his work, hastens home and gets into bed as soon as possible. All the bed clothes in the place are piled on him and he drinks unstintingly of the only sure cure for the chill—whiskey. It cures by putting the man to sleep, usually in an hour or two from the beginning of the chill. I never knew of a chill ending before the man fell asleep. After the chill, a burning fever rages almost all night. The man wakes in the morning drenched with perspiration, weak from his experience, but usually able to return to work, at least by noon. There is no return of the chill until the conditions which caused it are renewed. Quinine is not taken, because every brass moulder knows that whiskey and sleep is all the treatment required. One or more attacks do not seem to render a man immune. Better ventilation and the use of a composition instead of pure spelter, lessen the quantity of fumes and make attacks more rare.

Infantile Scorbutus.⁷

Scurvy is a disease due essentially to perverted nutrition, although the exact pathological change has not been fully determined. In the adult, the disease occurs under conditions which prevent an adequate supply of fresh animal and vegetable foods, associated with long exposure. Infantile scorbutus, which more particularly concerns us now, occurs in children which are improperly nourished, either by the administration of unsuitable foods, or the continued use of artificial foods. It is most common in children during the latter half of the first, and the whole of the second year, and is characterized by sub-periosteal hemorrhage, particularly of the femora

⁶ Stephen J. Maher, M. D., *New York Medical Journal*, December 21, 1895.

⁷ George R. Miller, M. D., *New York Medical Journal*, December 21, 1895.

and long bones; hemorrhages into muscles, joints and, particularly, into the mucous membranes around the teeth. Where no teeth have erupted the gums are rarely involved. The patient is anæmic and cachectic, excepting that he may not be emaciated; he sweats profusely, particularly about the forehead. The temperature may be slightly raised; the complexion assumes a peculiar earthy hue, and the skin is rough and unhealthy in appearance. The expression becomes anxious and painful. The affected limbs become swollen and painful, especially near the ends of the long bones, and there is a tendency to the separation of the epiphyses. The least touch elicits agonizing cries; the sensitiveness being due to hemorrhages beneath the periosteum. The child assumes a characteristic attitude, lying on the back and with the legs partly flexed.

The position is rigidly maintained because it affords the greatest ease, and the condition is known as pseudo-paralysis, although not associated with loss of muscular power. Left alone, the child seems to suffer very little pain, but anxiously watches and protests against every attempt to touch him or to change his position. A patient of the writer, frail from its birth, was nursed for a time on cow's milk and lime-water, and, failing to retain this, was given malted milk and "bovine." It appeared to thrive on this, but passing from observation and being fed exclusively on the malted milk for several months, acquired a typical attack of scurvy, and was cured by the use of raw orange, iron, cod-liver oil, and by feeding with fresh cow's milk, to which was added some juice expressed from rare beef-steak.

THE KLEBS TUBERCULOSIS CURE.

Prof. Edwin Klebs, of the laboratory for the study of tuberculosis at Asheville, N. C., who originated the method of treating diphtheria with antitoxin, has for some time been and now is working on a new agent in the treatment of tuberculosis and diseases of that nature, which, if it is eventually as successful as it has shown itself to be at first, will be of immense importance.

The trouble with tuberculin, as used at present, has been that it has often produced violent illness, and when given in large quantities to animals has proved fatal. In the new agent the toxic qualities which have produced these results have been thought to be eliminated, while as a cure the new agent is fully as powerful as tuberculin. It has been freely used both on animals and human beings, and in the cases in which it has been made use of has brought about a cure almost without exception. The agent is called by Professor Klebs antiphthisin, and the way in which it is manufactured may roughly be described as follows: The ripe cultures of tubercle bacilli are taken, and are reduced one-tenth by evaporation. This is really the tuberculin of Professor Koch. By the application of an acid solution of soda iodide of bismuth a precipitate is ob-

tained, which is filtered out. This precipitate represents all the toxic qualities of tuberculin, and when applied to animals will produce all the evil effects of that agent, and large doses prove fatal as does tuberculin. The filtrate which remains is again precipitated by the addition of absolute alcohol, and a substance resembling in its reaction a peptone, and this second precipitate is the antiphthisin. In a word, Professor Klebs has discovered a method by which the antitoxic qualities of tuberculin may be separated from the toxic, and the former made use of.

The extent to which this agent has been made use of is as yet small. No claim is made that it will cure the pathological changes which take place in a case of tuberculosis, so it must be applied in the early stages of the disease. Also it has no effect on the complications which are almost inseparable from tuberculosis. When, however, the agent has been applied during the early stages of the disease, and to cases which were free from complications, it has almost invariably been successful, and all the evidence goes to prove that it really is all that is claimed for it—that it is an agent having a specific effect on tubercle bacilli.—*Boston Transcript.*

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THE MEDICAL AND SURGICAL REPORTER will not be responsible for the opinions of its contributors.

PHILADELPHIA, SATURDAY, JANUARY 4, 1896.

EDITORIAL.

NEW YEAR.

Entering upon the forty-fourth consecutive year of its publication with this issue, THE MEDICAL AND SURGICAL REPORTER extends to its patrons and to the profession-at-large, most cordial greeting. With courage born of successes, with strength developed by triumphs over obstacles, and with wisdom learned of bitter experience, the REPORTER will continue the mission peculiar to itself. The periodical is now entirely under the control of physicians in active practice, and its every effort will be directed to furthering the interests of the profession-at-large and to supplying the demand for reliable and recent professional news

in the form most valuable to the busy every-day doctor.

Many in number and varied in character are the medical periodicals issued in this country. A considerable number of so-called journals exist, apparently, solely as advertising media, medicine being subordinated to the interests of the business represented. The quality of the scientific information given is frequently of high grade, as it must be, because it comes directly from the pages of first-class journals, and generally is credited to "Ex." Other journals there are, and some of excellent reputation, whose usefulness is markedly limited by

reason of representing some single institution or some local interest. A number of journals of the highest degree of excellence are devoted to some distinctly specified branch of medical science, and are of greatest usefulness to specialists working in such fields. Finally, there are a few periodicals worthy to be called representatives of modern American medical science, whose profession is to cover the entire subject of medicine, but whose practice is to most signally fall short. It is practically impossible for any one journal to adequately represent medical science in all its branches, and remain within a reasonable size for use. Were the feat possible, such a publication would have but little success, because it would meet the necessities of few active practitioners if sufficiently technical to be of service to those engaged in research or in experimental science. On the other hand, life is too short for the physician in the active exercise of his profession to attempt to reduce for practical application the massive undigested reports of laboratory developments. Furthermore, if there were sufficient time, there is but little disposition to make the attempt. What the general practitioner requires of his medical periodical is *accurate information of the progress of his science in such form as to be available for immediate use*. Especially is this true when the field of labor precludes constant association with a considerable number of professional confreres.

The MEDICAL AND SURGICAL REPORTER is intended to meet such demands. It is the only first-class weekly journal devoted entirely to the interest of exurban practitioners. It does not subserve the interests of any particular business, institution or locality. It appeals to the great body of active practitioners, aspires to render valuable service and

professes to represent the profession at large. It is a *reporter* as much as it is a recorder. It gathers information from all reliable sources, selects the most valuable material and presents it in shape for immediate use.

The new volume will show some changes made in the direction of further improvement and wider usefulness. The journal will be conducted and controlled by physicians whose interests are identical with those of the profession. The general management of the entire business will be placed in the hands of the present editor, who will be supported by a most efficient staff. The business interests will receive the particular attention of Dr. William H. Burr, a matter for congratulation to the journal and to patrons alike.

In giving admission to its advertising columns the REPORTER will maintain its characteristic policy, and will rigidly exclude questionable or objectionable advertisements. It will sustain its reputation for guarding to the utmost the confidence of its patrons. Advertisers, as well as subscribers, appreciate this carefulness. The fact that a business is represented in the REPORTER is presumptive evidence of its reliability. The instances in which the REPORTER has been imposed upon are rare indeed. We recommend our advertisers to the consideration of our readers.

The REPORTER extends a cordial invitation to its subscribers to contribute to the general fund of medical knowledge through the columns of this journal. That which has been learned in actual experience by one reader will certainly be of value to a great number of others. It is the lesson learned in actual practice, and especially that taught by some unfortunate experience, that is of the greatest service in every-day work.

The readers of the REPORTER are also

at liberty to comment upon or discuss articles appearing in the journal, provided no personalities be indulged in, and that the comments are distinctly relative to the subject.

The REPORTER will esteem it of service to the medical world if its readers, one and all, will send it items of news,

personal mentions, or incidents of interest to medical men.

No effort will be spared to advance general medicine, especially as an applied science, and we bespeak the active coöperation of all interested in the progressive development of American medical science.

VIEWS AND INTERVIEWS.

The *Medical News* has abandoned the old homestead and has installed its Lares and Penates in New York City. The REPORTER sincerely regrets what it must regard as a misfortune, not to the *News*, but as a particularly significant loss to medical Philadelphia. The New York profession is to be congratulated upon the acquisition of another potent influence in the world of medicine. Medical Philadelphia, when it awakens to the full significance of this removal, will need more commiseration than it will be likely to secure.

* * *

From a literary point of view, the *News* will, indeed, suffer. For the removal necessitates the serious loss of the editor whose service has done most to give the journal the superior reputation it now enjoys. Whatever may be the qualifications of the in-coming editor—and the REPORTER extends to him its cordial wishes for a successful career—whatever may be his abilities, he will have a difficult task to sustain the journal at the high level of literary excellence it has attained by reason of the superior scholarship, tact, and care of Dr. Gould. Dr. Gould will be missed in the *News* fully as much as the *News* will be missed in Philadelphia, and it is to be hoped that his superior literary talents will not be buried beneath the practice of his profession. Medical literature can ill afford to have his light hidden beneath any measure, no matter how great, of medical practice.

* * *

From a business point of view, the change is, unquestionably, to the benefit of the periodical, and, incidentally, to

the profit of New York local interests correlated to medical journalism. Hereafter, the *Medical News* will be identified with medical New York, and whether or not it acquires local flavor, that power, accumulated during years of influence, which is inherent in the journal itself, must accompany it to the benefit of its field of labor. All that New York has gained, Philadelphia has lost, and yet more.

* * *

"Business reasons," is the explanation tersely given by the publishers. Medical Philadelphia will do well to adjourn the order of "St. Simeon Stylite," and, for a period, devote attention to the signs of the times. The methods by which the fathers of medical Philadelphia reared the pillars which gave them greatest prominence in American medical science, were marvels in their generation, and even to-day might construct stylites full as lofty as those already in use—perhaps, even higher. They are called conservative methods, and command the veneration due antiquity. But the results secured by modern methods of construction are, in comparison, Eiffel towers. The only way to gain the tops of the old stylites was by ladders, difficult to mount and easy to remove. The modern edifice, however, secures and permanently retains every available method for quickly and surely attaining the summit. "Business reasons" is a general term which covers much, both of materials and implements necessary for the construction, enlargement, or repair of medical Eiffel towers.

* * *

The removal of a journal under any

circumstances is significant, but in the present instance, amounts almost to demonstration. Consider the situation. The *News* is owned and operated by one of the best-known and longest-established of American medical publishing houses, which, originating at a time when Philadelphia was conceded the medical Mecca of North America, has ever since been identified as an important element in the medical affairs of this city; a house, moreover, which controls another and, perhaps, the greatest, as it is one of the oldest, of medical magazines; and which, also, has published a large proportion of the great works of eminent American writers; and, finally, a house which has a business reputation for solidity and for methods essentially conservative. For such a publishing house, which has been and is successfully conducting large interests, to decide upon the permanent removal from headquarters of an important department of its business because of superior "business reasons" is of significance as indicating the present status of Philadelphia as a medical centre.

Such a business firm would not venture the action without having demonstrated, once and again, to their own satisfaction, the relative certainty of success. Although as yet nothing has been said, there is no room to doubt that "business reasons" sufficient to remove the *News*, may prove sufficient to take the *American Journal of Medical Sciences* to share in the superior facilities. Whether or not the latter action is contemplated, the public is not informed. That it will be seriously considered at some time is only the logical conclusion from existing premises. This migration is not the cause, but is the result of the fact that another locality can furnish medical facilities superior to those available in Philadelphia. Facilities of the peculiar nature required are obtained only in a so-called "centre," and the greater the "centre" the better the facilities offered. The conclusion would seem obvious. As to wherein Philadelphia appears to have not maintained its sometime preëminence in the medical world, we may have more to say anon.

ANTIVENINE.

Professor Frazer, of Edinburgh, who for many years has been studying the poison of snakes and seeking an antidote therefor, announces the discovery of such an antidote for the poison of all snakes, even the cobra di capello. He calls it antivenine, it being similar in origin to antitoxin, the new remedy for diphtheria. As in the discovery of antitoxin, he began by inoculating animals with the poison, using minute doses and gradually increasing, until he was able to give an animal without harm enough poison to kill fifty uninoculated animals. Instead of causing injury it appeared to act as a tonic, actually improving the subject's health. In one case he administered three hundred and seventy times the minimum dose without injury. He then obtained blood-serum from animals thus treated, mixed it with pure poison, and administered it to animals

which had not been treated. No evil effect appeared. He then injected the serum first and the poison afterward, without bad result. Finally he injected a deadly dose of snake-poison into the veins of a fresh animal. Symptoms of poison were soon apparent. He then injected some of the serum as an antidote. The symptoms quickly vanished and did not reappear. These experiments were upon small animals, his supply of poison being small. The British Government is aiding him to get supplies of poison from India, and he has begun to operate upon a horse—the animal used in procuring antitoxin. If this horse becomes poison-proof he will obtain serum from its blood, seal it in vials, and send it to India, where twenty thousand persons are killed every year by snake-bites. — *Information.*

CORRESPONDENCE.

MEDICAL SOCIETY OF PENNSYLVANIA.

EDITOR OF THE REPORTER.

Dear Doctor:—The next meeting of the Medical Society of the State of Pennsylvania has been appointed for a three-day session, beginning on Tuesday, May 19, 1896, at Harrisburg, Pennsylvania. From the favorable experience of the last meeting, the Committee on Scientific Business feels justified in requesting that all papers offered shall be so condensed that they may be read in ten minutes, and that each discussion shall be limited to five minutes. Positions on the program will be assigned, as nearly as practicable, in the order in which ap-

plications may be received. The titles should be furnished to the Chairman of this Committee as soon as possible, and not later than March 19, 1896.

It is believed that the interchange of individual sentiment and experience is one of the important objects of our meeting, and all members are respectfully urged to co-operate with the Committee in attaining the best possible results.

Very respectfully yours,

F. LEMOYNE,

Chairman Scientific Business Committee.
Pittsburg, Dec. 20, 1895.

PIRACY ON THE HIGH SEAS, (C's.)

As chairman of a committee representing more than one thousand physicians in this city, and especially appointed to investigate the action of the Commissioners of Charities and Corrections in connection with the reorganization of the medical staffs of the public hospitals, I have studied the subject from every standpoint, and have been forcibly struck with the alliteration of the letter C., in the expression of opinions on the matter. My thoughts ran thus: "The Commissioners of Charities and Correction; the Colleges, 'Close Corporation,' Criminal Conspiracies, 'Cast-outs', and lastly, the Academy of Medicine 'Condemnation.'"

First. The Commissioners. Commissioner No. 1. so long ago as 1884 received a protest against the maggots in the patient's food, and the prevalence of scurvy on the Island. His words were reported as follows:—"The doctors and 'bums' ought to be thankful they had a roof over their heads," and, "he was tired of complaints." Commissioner No. 2. has always been in hot water so far as I can learn, from his squabbles in the St. John's Guild, to what was

construed as treachery in the Good-Government-Club. Commissioner No. 3. has his record yet to make. And these are the men who have attempted to reorganize the public services in the hospitals for the benefit of the patients.

The Colleges. I did say to my committee, that the College of Physicians and Surgeons would take a higher and nobler view of the affair than the others had, and would refuse to fill vacancies at the expense of members of that profession of which, for ninety years, it has been the bulwark and the buttress. I thought the men from whom I had received instruction were of finer clay; but I must now confess with shame, that my fine clay is but mud. My *Alma Mater* sat silently by, while the mass of those who cherished the diploma signed by her faculty were called the "scum of the profession." I still professed my loyalty to my college, for I could not believe that her whole faculty would sell their honor so cheaply.

The "Close Corporations" have secured the appointments in the hospitals; but what would the public have to say if the Police Commissioners should give

over their appointments into the hands of the Standard Oil, the American Sugar Refining and the National Tobacco Trusts?

"Criminal Conspiracy." This Conspiracy is only saved from violating the laws of New York State, as I understand, by the merely technical fact that the medical staffs receive no salaries. Nowhere can I find anything giving the Commissioners the authority or the power necessary for their arbitrary action. If the colleges were accessory after the fact and reaped the profits of the whole transaction, they must now share equally with the Commissioners in the resultant shame and blame.

The "Cast-outs" were innocent men, whose only crime was the refusal to cover a criminal operation in the first instance, and to cease complaining of the waste of public money in the others.

"Condemnation." What was the Academy expected to condemn:—the

Commissioners? So the notice reads, but the colleges which control the Academy were *particeps criminis* with the Commissioners. It is needless to plead ignorance, because the representative men of the various faculties had personal interviews with the members of my committee, at which, the state of affairs was fully explained. Condemnation of the Commissioners necessarily includes condemnation of the colleges.

Nor would the work have been complete without a full indorsement and reinstatement of the "Cast-outs," who represent the crucified in this Judas-like transaction. With this difference, however, Judas sold his honor for cold cash, then went and hanged himself; the Coroner still waits a chance for inquest on the dishonored professors.

DOUGLAS H. STEWART, M.D.

111 West 64th Street.

New York, Dec. 27, 1895.

ABSTRACTS.

THE LABORDE METHOD OF ARTIFICIAL RESPIRATION.*

More than three years ago Laborde announced that respiratory movements which had ceased from asphyxia or other cause, life not yet being extinct, could be restored by rhythmical traction exerted upon the tongue. A year later he published an elaborate paper explaining the physiology of his method and its practical application, giving cases in point, and claiming not only that this was a valuable method for resuscitation, but pre-eminently the best and most successful; hence should invariably be the method of choice. He recommended it in the treatment of the still-born and in those asphyxiated from poisonous gases, from submersion, from obstruction, as in the case of hanging, or foreign bodies in the throat, or the pressure of tumors from without, or the asphyxia following powerful electric shocks or that due to compression or concussion of the

brain; indeed, to all cases of apparent death.

As to the physiology of this method, Laborde holds that traction upon the tongue directly excites the diaphragm to its respiratory function, the sensory impulse being conveyed by the superior laryngeal, terminal, tracheal, and bronchial expansion of the pneumogastric, the glosso-pharyngeal and lingual, exciting a reflex, which is expended upon the motor respiratory nerves, particularly the phrenic. His method is applied as follows:

The asphyxiated person is placed on his back, with the head low, the clothing is loosened about the neck, and the jaws are opened and kept opened by a wedge passed between the molar teeth, a knife-handle, a cane end, or any object of suitable size serving for this purpose. The throat is freed of mucus by the finger or by a handkerchief wrapped about the finger. The thumb and index fin-

* Edward Martin, in the *Therapeutic Gazette*, December 16, 1895.

ger are covered by one thickness of a handkerchief to prevent slipping, and then the tongue is seized as far back from the tip as possible. Fifteen times to the minute and at about equal intervals the tongue is pulled out sharply and the tension immediately relaxed. This traction must be so exerted that the whole body of the tongue is effected and not merely its point. At the time the first two or three tractions are made it is well to introduce the index finger of the other hand into the pharynx, as though an effort were made to induce vomiting.

These tractions should be kept up at least thirty minutes and may be continued an hour. When assistants are at hand, this method should be re-enforced by mechanical artificial respiration, which, according to Mareschal, is best applied as follows: two assistants place themselves on opposite sides of the patient's body and simultaneously make pressure, the first upon the sides of the chest concentrically, the second upon the epigastric region from below upward. This pressure is repeated fifteen times to the minute, being relaxed suddenly. The surgeon who is practising tractions on the tongue thus times his motions with those of the assistants who are pressing on the chest and abdomen. At the moment he exerts traction he counts one; when traction is relaxed he counts two. Pressure upon the chest and abdomen should be made at the moment the surgeon counts two, and should abruptly cease the moment he counts one. Furthermore, this method should be re-enforced by external heat and friction of the body.

Every anæsthetizer has, or should have, a pair of flat-billed forceps with which to seize the tongue and draw it forward when respiration becomes obstructed or fails. This procedure is usually sufficient to re-establish normal breathing, not because, as is commonly believed, the epiglottis is drawn upward, thus freeing the larynx,—for Hare and Martin have shown that traction upon the tip of the tongue has no effect upon the position of the larynx,—but because a reflex is thus excited, and because the dorsum of the tongue is lifted from the soft palate and the posterior pharyngeal wall.

Laborde's first communication was to the Academy of Medicine of Paris, in July, 1892. Since that date the great majority of the cases in which his method has been applied have been reported in *La Tribune Médicale*. One of the most striking of these is that reported by Coutenot, quoted in a leading article in the *Therapeutic Gazette* for November, 1894. In this case the reporter wishing to demonstrate the technique of the method to his class, selected a child apparently just dead of tubercular meningitis. There was cadaveric rigidity and dilated pupils. The heart had ceased beating and the extremities were turning cold. Forty or fifty tractions to the minute were made upon the tongue; as the result, in six minutes respiratory movements were re-established. Five minutes later the child really died.

La Tribune Médicale, 19 Juin, 1895, prints a communication from Sorre to the effect that he was called to see a man who had fallen from some height into the water, and had been submerged for three minutes. The patient was apparently dead. The method of artificial respiration by rhythmical traction was at once employed, and in about three minutes—that is, fifty to sixty tractions—beginning signs of life appeared, the patient opening his eyes. He was taken to a hospital, his wounds dressed, and in three-quarters of an hour he was able to walk.

In the same journal, No. 18, 1895, Callamand reports the case of a workman who, attempting suicide, hung himself for five or six minutes at least. At the time the reporter arrived rhythmical tractions had already been instituted for several minutes. There was no pulse, no heart-sounds could be heard, respiration was abolished, and the man seemed dead. After twenty minutes some infrequent and imperfect voluntary respirations were attempted, but the pulse was still barely perceptible, being felt for a moment and then disappearing for several minutes. After an hour and a quarter of traction, signs of life were well established. In twenty-four hours the patient regained sensibility.

In the same journal, No. 19, 1895, the case of a child, aged three years, is recorded by Boncour. Ten to fifteen drops

of laudanum had been administered to this child. An attempt had been made to make it vomit, but without much success. The child had also been given a hot mustard bath. It was found to be pale, with small pupils and very rapid pulse. Ipecac was given without result. The stomach was washed out with a decoction of coffee, and sinapisms were applied to the chest and thighs. In spite of this treatment the child became cold, the heart-beats more and more slow, and respirations infrequent. The child was cyanosed and apparently about to die when rhythmical tractions were instituted. At first there was no sense of resistance. After ten tractions the tongue was felt to retract distinctly; the respirations were again begun. The cyanotic color disappeared. The child ultimately recovered. The reporter believes that it would certainly have perished had he not had recourse to rhythmical tractions.

The same journal, No. 14, 1895, reports the following case by Camous. A cannoneer to whom he was summoned was found in active convulsions, with dilated, insensible pupils and fixed eyeballs; he was insensible to the prick of a pin or to the odor of ammonia. This condition—that of tonic spasm with clonic convulsions and insensibility—developed gradually. Artificial respiration, flagellation and friction brought no relief. The pulse became intermittent, the respiration jerky and irregular, and death seemed imminent. The tongue was then seized and drawn out six times to the minute. After the fifth or sixth traction a deep inspiration was taken. The tractions were continued for ten minutes, when sensibility was restored. Suffocation was due to a goitre pressing backward against the trachea. The crisis of suffocation was probably due to the reflex set up by pressure on the pneumogastric. Thus also could be explained the effect upon the circulation. The reporter was astonished at the rapidity of the effect produced by the traction.

In No. 16 of the same journal Dufosse reports a case of a newly-born child exhibiting all the signs of death. There was no pulse, no effort at inspiration. The child was swathed in hot wrappings and rhythmical tractions of the tongue

were practised. Ten minutes later auscultation showed some faint heart-beats. Finally there was an inspiration, and a few drops of blood escaped from the extremity of the cord, which was then ligated. The surgeon continued to make tractions on the tongue for three-quarters of an hour. At this time the inspirations were not more frequent than four to five to the minute, though the heart-beats were stronger than they had been. A quarter of an hour later, traction having been continued, respirations were more frequent and regular, and the heart-beats sufficiently strong to justify belief that further intervention was unnecessary. On ceasing the traction, however, the child ceased to breathe, and its heart-action became extremely feeble. For fifteen minutes more the tractions were made, together with abdominal pressure. The child then cried a little and its respirations became normal.

Barancy, in the same journal, reports a child born after prolonged labor and the use of forceps, in whom the heart had apparently ceased to beat. There was no effort at respiration, the surface was blue, the muscles relaxed, the left eye open, the right one closed. Artificial respiration, flagellation, mouth insufflation, successive immersions in hot and cold alcohol baths brought no sign of returning life. Rhythmical tractions were then made on the tongue. After ten minutes there was a hiccough, and respiration was re-established. The doctor then left the child to attend to the mother. Returning after a few minutes, he saw that the child did not breathe. Lingual traction was instituted anew and continued for three minutes. Respiration was re-established, and this time permanently. The reporter speaks of the ease of this method as compared with intubation.

In the same journal, No. 4, 1895, Laborde calls attention to the fact that in 1894 he published his book upon the "Physiological Treatment of Apparent Death," and had already collected sixty-three cases of resuscitation by means of rhythmical tongue tractions, and that of this number, thirty-two—that is, more than one half—were newly-born children. Since this time and up to the time of his report, thirty-two new cases have

been added; in all, sixty-four cases of resuscitation of the newly-born. Of this number, twenty-nine had been subjected to other methods of resuscitation, particularly insufflation, either mouth-to-mouth or by means of the laryngeal tube.

Kristoyanaki contributed one of the most striking cases. He was called to a woman in the eighth month of her pregnancy. She was delivered of a child apparently dead. It made no effort at respiration, was pale and anæmic, with soft, relaxed body. There was no pulsation of the cord, which was ligatured. For an hour and a half every ordinary means was employed to restore life to the child. First, aspirations freeing the larynx of a large quantity of mucus mixed with blood; then laryngeal insufflation, followed by forced respiration by means of pressure upon the thorax, friction with alcohol applied to the entire body, hot baths, and artificial respirations. At the end of one and a half hours there was not the faintest result. There was no breathing effort, no perceptible cardiac impulse. The tongue of the child was then seized in hæmostatic forceps and was drawn out in accordance with the Laborde method. Very shortly there was a light inspiratory movement, a minute later a second inspiration more marked, then another, then each traction was followed by inspiration. Finally the breathing became spontaneous and regular. The child lived.

Massart reports a similar case. For three-quarters of an hour all known means of respiration were employed in vain,—insufflation, aspiration, flagellation, artificial respiration, hot baths, sinapisms, tickling of the palate, the feet, hands, etc. More with the idea, the author states, of not knowing how to get rid of what he considered a corpse, since the mother had her eyes on him, and he feared the effect the sudden knowledge of the death of her child would have upon her, than because of faith in this procedure, he adopted the Laborde traction. This was in December, 1892, when the method was but little known. After about ten minutes there appeared a faint breathing, this became more distinct, and in a quarter of an hour the child cried. An hour later it was breathing naturally.

Guiet reports the case of a child resus-

citated after six minutes of rhythmical traction of the tongue. The ordinary methods of resuscitation were then substituted,—that is, insufflations, hot baths, frictions, etc. After fifteen minutes of this treatment the child was apparently dead. Rhythmical tractions of the tongue were again tried, and after ten minutes the child was resuscitated and recovered.

Roussel (*Therapeutic Gazette*, August 15, 1895) reports two cases of resuscitation of newly-born children by the Laborde method.

Laborde concludes that rhythmical tractions of the tongue, properly applied and sufficiently long continued, have restored to life asphyxiated and apparently dead children in all cases where the ordinary procedures had completely failed, including under this latter title insufflation. This conclusion is derived solely from a study of the reported cases.

As to my own experience with this method, it is in the main favorable. I have tried it in the following cases:

CASE I.—A patient, fifty-five years of age, suffered from diabetic gangrene involving the subcutaneous tissues of the scrotum and of the whole of the belly-walls. The patient was admitted to the Philadelphia Hospital June 27, 1894. Three weeks before admission he noticed that there was a small pimple on the bottom of the scrotum. Gangrenous cellulitis developed and spread rapidly. The patient was almost pulseless at the time of operation. The least possible quantity of ether was given, and the operation was hurried through as rapidly as possible. This consisted in long incisions and the removal of a large quantity of slough. Twice during the operation he ceased breathing. Traction upon the tongue, repeated two or three times, restored respiration very promptly. The patient ultimately recovered, though his pulse ran up to 180 while on the table.

CASE II.—An old woman who had been suffering for five days from cellulitis beneath the deep fascia of the leg and thigh. Three times during the operation, which did not last more than eight minutes, she ceased breathing. Traction upon the tongue quickly resuscitated her. This patient was very nearly pulseless at the time of operation,

and died eight hours afterwards, of profound toxæmia.

CASE III.—A man, fifty-six years old, suffering from cancer of the ileo-cæcal region. He had been treated by Dr. Isaac Massey, of West Chester, for fatty degeneration of the heart. He was referred to me by Dr. John Musser. I removed the cancerous mass, which involved the last two inches of the ileum and the cæcum, and was just completing the intestinal anastomosis by a Murphy button, the anæsthetizer reporting the patient's condition as absolutely satisfactory, when he suddenly ceased breathing, the beat of the external iliac, which lay beneath my fingers, ceasing at the same time. The patient had not lost more than three ounces of blood, and had previously shown no signs of shock. The Laborde method of artificial respiration, re-enforced by Sylvester's method, was instituted at once and continued for thirty-five minutes. It was unavailing.

CASE IV.—The next case was one of Littré's hernia, operated upon in the Philadelphia Hospital. There had been fecal vomiting profuse for at least a day; the patient was collapsed at the time of operation. This was completed in less than twenty minutes, a preliminary laparotomy showing that the gut had been caught in the internal inguinal ring. A herniotomy was performed, thus relieving the constriction, which was not sufficient to cause gangrene. The patient ceased breathing during the operation, but the respiratory motions were restored by the lingual traction.

Case V. was one of amputation just below the knee, performed on a child aged six years, at the St. Agnes Hospital. There had been much loss of blood immediately following the accident; the child was nearly pulseless at the time of operation. As the flaps were being sewed together, breathing ceased and the radial pulse became imperceptible. Three or four tractions upon the tongue immediately restored the breathing motions.

Case VI. was that of a professional man, aged fifty-seven years, with a good family history, who had never had syphilis or rheumatism, had healthy kidneys, normal eye-grounds, but irregularly for several years, and for the last

few months nearly constantly, had suffered from headache severe in type, not strictly localized, though mostly at the back of the head, subject to violent exacerbations, often accompanied by some vertigo, apparently occurring independently of the condition of the stomach. These headaches were not easily relieved, though the best results were obtained from acetanilide administered in ten-grain doses. One morning I was called to see him because of an unusually severe attack, which confined him to bed. I gave him a small dose of acetanilide—five grains. He remained in bed most of that day, experiencing but little relief. In the evening, after a light meal, he became unconscious. I was sent for, and hurried to the house to find him apparently dead. He was lying entirely relaxed, with face blue, eyes staring straight in front, dilated pupils, no pulse at the wrist, no heart-beat to be heard on hurried auscultation, with yet skin and muscles absolutely flaccid. I was informed that he had breathed his last just as I entered the front door. I at once lifted him, turned him sideways across the bed, and began Sylvester's method of artificial respiration. It was immediately apparent that no air could enter his lungs, since the relaxed tongue had fallen back against the pharynx and soft palate. I therefore dropped the arms and seized the tongue in my fingers, drawing it forcibly forward and immediately relaxing tension, but still keeping the tip well out in front of the teeth.

After four or five tractions there was a gasp. I then gave the tongue to one of the members of the family to hold out, and again resumed the Sylvester artificial respiration, timing the upward traction so that it might correspond with the infrequent gasps, and directing the holder to make forcible traction upon the tongue as each inspiratory motion was made upon the arms. After perhaps fifteen minutes of these motions respirations became fairly regular. The Sylvester motions were then discontinued and the tongue was gently held forward. The respirations became more shallow and infrequent. Traction upon the tongue again restored them to proper depth. This treatment was continued for several hours, the patient in

the meantime remaining entirely insensible, and with total relaxation of all the muscles of his body, excepting those of respiration. For twelve hours rhythmical tractions upon the tongue were required at intervals to restore breathing. After this time this function became fairly regular, although it was somewhat Cheyne-Stokes in type. It was necessary to hold the tongue out for twenty-four hours, since the moment it was released it dropped back against the pharynx and completely obstructed the respiratory passages. This patient entirely recovered, regaining consciousness in two or three days and at the same time muscular power. He showed two weeks later no signs of his violent attack beyond soreness and swelling of the tongue and a violent attack of herpes zoster, involving the distribution of the cervical plexus of the left side.

In this case the Laborde method served a good purpose, was practically the only one I could apply instantly, and seemed to be more efficient than the Sylvester motions by which it was re-enforced.

CASE VII.—This woman was a patient of Dr. Reynolds, of Kennett Square, weighed perhaps two hundred and ten pounds, and was suffering from huge strangulated umbilical hernia, for the relief of which I was called in. Her condition was surprisingly good, considering the fact that eighteen inches of the gut were gangrenous. There had been some fecal vomiting before operation, and some occurred during the early stages of etherization. On the completion of the operation she was returned to her bed, conscious and asking for a drink of water. I had gone down-stairs to clean my instruments, when word was brought that the patient was dead. I hurried up, and found her blue, rigid, with fixed eye-balls and dilated pupils, pulseless, and making no inspiratory efforts. The bed and floor were flooded with a mass of vomited fecal matter. Dr. Reynolds, who was with her, stated that suddenly, without warning, she had eructated a tremendous quantity of this offensive fluid; that he at once turned her on her side; that it continued to pour from her mouth until she made an inspiratory effort, when by the sound it was evident that a large quantity had

been sucked into the lung. I at once inverted the patient and had rhythmical tractions made upon the tongue, while at the same time pressure was exerted on the chest. Fecal matter continued to flow from her stomach, and I believe a portion of that aspirated into the lungs escaped, but there was no further inspiratory effort, and after thirty minutes of continued Laborde and Sylvester manipulations we reluctantly gave up further effort.

As to the value of the Laborde method, laboratory experiments on animals, and clinical tests, now many times repeated, seem to show beyond controversy that when but one method of artificial respiration can be adopted, as in the case of a single helper in charge of an asphyxiated patient, the Laborde method is pre-eminently the best. Indeed, any form of artificial respiration, unless the tongue is drawn well forward, is about as successful in accomplishing its result as is the effort to fill a bottle without removing the cork. When more than one helper is at hand, the Laborde method should be supplemented by the Sylvester movements in the manner already described, — *i.e.*, traction during inspiratory movements of the arms, relaxation during expiratory movements. Because of the ease of its application and its efficiency, the Laborde method should be taught as the first and most efficient means of resuscitating the apparently dead.

Good lemonade, says an experienced writer, is one of the most perfect drinks ever devised. I can hardly understand why it is not in daily use in place of tea or coffee, and why it does not drive out every kind of alcoholic drink. Perfect lemonade is made as follows: For a quart, take the juice of three lemons, using the rind of one of them. Carefully peel the rind very thin, getting just the yellow outside; cut this into pieces and put with the juice and powdered sugar, of which use two ounces to the quart, in a jug or jar with a cover. When the water is just at the boiling point, pour it over the lemon and sugar, cover at once, and let it get cold. Try this way once and see if it is not delicious.—*Popular Health Magazine.*

THE EPIDEMICS OF 1895.*

CHOLERA. During 1895 cholera was prevented from gaining a foothold in Eastern Europe. It is constantly smouldering in either hemisphere and is ready to invade our shores from unexpected quarters, as is shown by the history of our Pacific quarantine this fall. Brought to Japan by the troops returning from China, the disease was carried to Honolulu, and from there narrowly escaped being brought into this country.

During the latter part of 1895 cholera was epidemic in Turkey and in the interior provinces of Russia. There was a mild epidemic also in Southern Brazil, along the borders of the Argentine Republic, and in Uruguay. Through January numerous cases appeared in Constantinople. During the winter the disease broke out in various parts of Asiatic Turkey, the primitive measures adopted by the Turkish Government, consisting of sanitary cordons and a short quarantine of suspected cases, operating to paralyze trade without preventing the spread of cholera. In March there were six infectious diseases working havoc in Constantinople—cholera, small-pox, measles, whooping-cough, influenza and diphtheria.

In Brazil and the Argentine Republic the efforts of the health authorities were effective. Careful inspections were made of all railway trains coming from the infected districts, and hospitals were established for the isolation of suspected cases. By March the disease in Brazil was confined to the valley of the Parahyba River, a small stream flowing parallel to the coast just inland of Rio de Janeiro, the waters of which were found to be infected. During April and May cholera in Brazil gradually died out, or succumbed to the vigilance of the health authorities.

The signal success of the sanitary measures for the care of Meccan pilgrims, adopted by the International Sanitary Conference for 1894, was not repeated this year. Either because the failure of cholera to appear in the Hedjaz during the preceding year had induced the authorities to relax their vigi-

lance, or because the precautions which were successful last year were insufficient this year, an outbreak of cholera began March 24th, at Camaran, the island in the Red Sea, where pilgrims coming from India, Persia, Java, etc., have to undergo ten or more days' quarantine. The disease was introduced by pilgrims from Bombay, where cholera was at the time very rare. This fact makes it probable that less careful inspection of pilgrims at ports of embarkation was carried out this year than in 1895. Regulations with regard to the number of pilgrims each ship was entitled to carry, were not enforced, nor were the prescribed number of latrines provided. The quarantine station at Camaran presented serious defects, the sanitary conditions being imperfect, and the water-supply impure. Later in the year this station, instead of a quarantine for the arrest of cholera, became a veritable depot for its spread, as in due time a destructive epidemic appeared in the Hedjaz.

It is interesting to note the number of times cholera has broken out in the Hedjaz since the year 1817. From 1817 up to 1866, two epidemics only occurred in Mecca; these were in 1831 and 1865. In 1872, a sanitary service was established at the Hedjaz, and sanitary physicians were also appointed at the ports. Since this latter date, 1872, and up to 1881, two more epidemics broke out, the first in 1872, and the second in 1877. In 1881, the lazaretto of Camaran was established, where all pilgrims coming from southward have to undergo quarantine, and which can accommodate from 4,000 to 5,000 pilgrims. Since the establishment of this lazaretto, cholera has broken out at Mecca and throughout the Hedjaz seven times; in 1881, 1882, 1883, 1890, 1891, 1892, 1893, and the present year. The number of pilgrims is, without comparison, larger now than during the first half of the century.

The first case in Mecca was a woman, who arrived from the Cape of Good Hope, the second, a pilgrim from Morocco, and the third, an arrival from

* *Boston Med. and Surg. Jour.*, December 26, 1895.

the Soudan. May 5th, there had been 209 cases in the Hedjaz, all of which proved fatal, and eighty-five cases with seventy-two deaths at the Camaran quarantine. At this time only 27,000 pilgrims of the 300,000 to 400,000 who annually go to the holy city had arrived in the Hedjaz, and the prospect of a serious epidemic had to be faced. The Turkish Government, which had failed to follow the example of France, Russia and Persia, and forbid the pilgrimage, began to take steps to prevent the spread of the evil on the return of the pilgrims from Mecca. Two sanitary physicians were assigned to duty at the quarantine station at El Tor, and two were sent to Jeddah to watch the pilgrims on their return from the Hedjaz.

Precautions were adopted to prevent overcrowding of the vessels by which pilgrims return from Jeddah to El Tor, and efforts were made to prevent the assembling of large numbers of pilgrims at Jeddah. This hardly helped matters, as pilgrims were thereby obliged to remain at Mecca where the epidemic was in full force. During June and July, the epidemic at Mecca declined somewhat, although it spread in the Hedjaz. On June 11th the first departure of pilgrims to the north took place, and the quarantine at El Tor, prevented the spread of the disease into Turkey, although a number of cases occurred among the pilgrims detained at this place, and the disease spread to Damietta and to Egyptian ports on the Red Sea.

During May, cholera at Constantinople died out, but in the provinces of Asiatic Turkey, and at seaports on the Mediterranean such as Adalia and Tarsus, and throughout Syria, it prevailed with great severity. A severe epidemic occurred at Marash in the province of Aleppo; and in Adana there was also a severe, persistent epidemic. The sanitary cordons, etc., enforced by the Turkish Government, were entirely ineffective in limiting the disease. Toward the end of October it was dying out in the Turkish provinces, but still prevalent at Damietta and in Egyptian ports on the Red Sea.

In Russia, the province of Volhynia, was the seat of an epidemic which raged through the spring and summer. Be-

tween July 6th and 20th, there were 214 cases and eighty-five deaths, and from July 2d to August 3d, 688 cases and 238 deaths. The epidemic was limited practically to this province, except for a few cases in Podolia during the early spring. Although it lies upon the frontier of Austria-Hungary, extension into the latter country was limited by the sanitary precautions taken by the Austrian Government to a few cases which occurred in Galicia in August. During October and November a few cases occurred in Galicia. In Volhynia cholera was increasing and appeared in Podolia and Kieff. The German frontier was carefully guarded, and during 1895 no cases appeared in the German Empire.

An epidemic of cholera occurred in a quarter of the world, this year, which is of great interest as proving a direct menace to this country.

The Japanese troops brought back cholera from Corea, Tien Tsin, Che Foo and other Chinese ports. It first appeared in March at Moji, a naval station, and at Nagasaki. By the returning troops it was soon widely distributed throughout the Empire, invading every province. During the seven months following the outbreak, it caused no less than 36,000 deaths and 52,000 cases, the mortality averaging 65 to 75 per cent. This wide distribution took place in spite of stringent measures adopted under the direction of competent men trained in European schools, which did much to prevent the spread of the disease. Although it began to decline during October, there was in the region surrounding Yokohama, a temporary increase. The latest reports in November show a slow but steady decrease.

August 9th, the *Belgie* arrived at Honolulu with 538 Chinese and Japanese immigrants, having had three deaths during the voyage. Several of these immigrants died with acute gastrointestinal symptoms, and the cases were found to be cholera.

By September 5th there had been thirty-nine cases and thirty-two deaths. By the end of October the epidemic at Honolulu had come to an end.

A careful inspection and disinfection of luggage is carried out by the Marine-Hospital Service at Yokohama for

Honolulu and the United States, and the Pacific Coast quarantine stations have been constant in their efforts to prevent entrance into this country.

In India, cholera has prevailed to a considerable extent in an endemic form, throughout the year; and during the early autumn an epidemic occurred at Singapore, in the Malay Peninsula.

In Morocco there was a slight epidemic during September, but careful quarantine enforcement at Gibraltar prevented its entrance into Europe.

During October and November a few cases appeared in St. Petersburg.

SMALL-POX.—The year began with small-pox widely diffused through the Middle and Western States, though the large cities have been much freer than last year. The manner in which modern railway travel enables the disease to be carried to great distances, and the arrival of a single case in an unprotected community may start up a severe local epidemic, has been well illustrated. Wherever small-pox has appeared, however, its disappearance has been prompt in proportion to the efficiency with which vaccination, isolation and disinfection have been carried out by the boards of health, or other sanitary authorities. The efficiency of the Marine-Hospital Service has been again demonstrated by the protection of this country from two threatened invasions across the Mexican frontiers of Arizona and Texas.

Of the large cities, Milwaukee, Chicago and Philadelphia were the only ones in which it prevailed to any extent. The opposition of the lower classes in Milwaukee to sanitary regulations was strong enough to secure the passage of an ordinance forbidding the removal of patients with small-pox from their homes to hospitals against their will. As a result, this disease was most persistent in Milwaukee and was extensively diffused through Wisconsin. Chicago also served as a centre for distribution. During the month of January there were 193 cases and forty-four deaths in that city. New York was almost free from small-pox during the winter, while Philadelphia was subject to a mild epidemic. Between December 18, 1894, and March 16, 1895, there were 224 cases and twenty-six deaths in

that city. Cases occurred in Pennsylvania, and through Illinois, Wisconsin, Ohio, Indiana and Missouri during the winter and spring. In February a sharp epidemic began at Little Rock, Ark. The disease was carried there by a man coming from Missouri, who was supposed to be suffering from eczema, and who died soon after his arrival. The undertaker and his assistants were the first to fall ill, and an epidemic started which, between its outbreak and April 22d, caused 194 cases and forty-four deaths.

During the spring, cases appeared along the Ohio and Mississippi Rivers, among the crews and roustabouts of river steamers, and soon there was a widespread infection among the marine of the great valley. Compulsory vaccination was ordered by the Supervising Surgeon-General of the Marine-Hospital Service, of all members of the crews of steamers who could not show satisfactory evidence of recent vaccination. Special inspectors were appointed for this purpose, and the work was efficiently carried out. At St. Louis, up to June 14th, 1,625 seamen were inspected and 505 vaccinated, 151 cases of variola being discovered. In New Orleans, 2,500 vaccinations were made among the crews of river steamers.

In July, small-pox in New Orleans was decreasing.

In March, small-pox was brought from Chicago to Newport, N. H., by a "walking" case, and a local epidemic of some twenty cases started. In April a few cases appeared in Connecticut.

During April and May small-pox was brought to Nogales, which is situated on the frontier of Arizona, lying partly in that State and partly in Mexico, on the Sonora Railroad, from certain Mexican mining camps along that railroad where it was prevalent, and where no precautions were taken to prevent its spread. Inspection and vaccination of north-bound passengers and disinfection of luggage was practised at Nogales, and though a considerable epidemic occurred in that town, no spread of the disease to the northward took place.

The danger of the entrance of infectious disease from Mexico into this country was again emphasized by a small-pox epidemic at Eagle Pass, Tex.

The disease was brought to this frontier station by negro refugees, who had been induced to settle on plantations in the State of Durango, Mexico. Small-pox appeared among them, and they left the colony, travelling slowly in crowded freight cars. About 300 of them arrived at Eagle Pass from July 23d to July 30th. The State authorities attempted to cope with the situation, but facilities were insufficient, and in August the control of Camp Jenner was assumed by the Marine-Hospital Service. Tent hospitals and detention camps were established. Regular inspection, vaccination and isolation were enforced. The camp was opened from August 11th to October 21st; 411 refugees were received, and 178 cases of small-pox treated, with fifty-one deaths.

During the autumn, small-pox has been much less prevalent than last year in the large cities, and its general diffusion has been correspondingly less.

Small-pox has been constantly present on the island of Cuba, where the conditions of war, the crowding of the population into the towns for protection and the arrival of large numbers of unacclimated troops have in a marked degree spread infectious disease.

Throughout the interior towns of Northern Mexico, this disease has also prevailed.

In London, the prevalence of small-pox has been less than the average, except during the autumn months. England and Scotland have been singularly free from the disease.

In Dublin, Ireland, a severe epidemic prevailed throughout last winter. The disease was allowed to spread for some time before the sanitary authorities took efficient action.

All through the year small-pox has prevailed in Constantinople, together with most of the other infectious diseases.

YELLOW-FEVER. — Yellow-fever has been unusually prevalent in the seaports of South America and the West Indies. The quarantine stations along our South Atlantic coast have performed efficient service in preventing its entrance into this country. The number of times it has been necessary to detain vessels coming from Brazil or the West Indies, either because there were cases of yel-

low-fever on board or deaths had occurred during the voyage, has well shown the inestimable importance of our quarantine service to the public health and safety.

The sanitary conditions prevailing in Cuba have been particularly bad, owing to the unavoidable results of the insurrection. The large cities have been overcrowded with Spanish troops, who not being acclimatized, have fallen easy victims to yellow-fever and small-pox. An insufficient water-supply has in many cases rendered proper cleanliness and sanitation absolutely impossible.

The height of the epidemic in Havana was reached in September. Between September 5th and 19th there were 210 cases and sixty-seven deaths in that city. In Santiago de Cuba during July and the first seventeen days of August there were 259 deaths. During the autumn the disease has gradually declined, although owing to conditions due to the war the decline has been unusually slow.

On account of these conditions special vigilance was required of the authorities to vessels arriving from Havana, and special precautions were taken. Health-officer Doty of New York was sent to Cuba in June, to study the methods of discharging and loading cargoes at Cuban ports. A five days' quarantine was established at New York against all vessels arriving from Cuba, whether there had been yellow-fever on board or not. Visits were made during the summer by an inspector of the Marine-Hospital Service to the principal cities throughout the Island, and reports of their sanitary conditions forwarded to Washington. All vessels arriving from Cuba during the summer were compelled to stop at southern quarantine stations.

At Rio this disease prevailed during February and March as usual, and during the spring months. It failed to abate with the coming of the cooler weather of the southern autumn season. In March a severe epidemic broke out at Santos and continued through the spring.

In May and June, owing to conditions due to war, a decided increase took place at Santiago de Cuba and Havana. Through the summer, vessels arrived at

the Gulf quarantine from Havana, having had yellow-fever on board, and in August, a case of yellow-fever was brought from Havana to New York. The case developed during the five days' quarantine to which the steamship was subjected. Vessels also arrived at South Atlantic stations having had yellow-fever on board during their voyage.

During the summer a considerable epidemic took place at Vera Cruz, Mexico; but although isolated cases of the disease were carried to numerous ports in the West Indies, South and Central America and Mexico, no other extensive outbreak resulted.

THE PLAGUE.—Although the epidemic of plague in China this year did not compare in severity with that which last year devastated the city of Hong Kong, a considerable outbreak occurred in Foo Chow in the early spring, and later in the year the disease was distributed along the southern coast of the Empire. In Foo Chow it was impossible to institute any sanitary measures to prevent the spread of contagious diseases, and the epidemic, however, for some reason ran its course rapidly, and was confined to a small section of the native city of Foo Chow.

The epidemic in Hong Kong at no time assumed serious proportions, although a few cases occurred at the neighboring ports of the Kwangtung province. The severest outbreak occurred during June, at Amoy, when for a time about fifteen deaths a day from this cause were reported.

Bubonic plague occurred during May in the Yemen, in Southern Arabia, and many of the pilgrims to Mecca coming from the East were stricken. It was necessary for a time to establish a quarantine on this account against pilgrims arriving in the Hedjaz from the Yemen. Although this quarantine was of two days only, and was inefficiently carried out, no epidemic of plague occurred in the Hedjaz. The two epidemics of plague which have occurred this year were mild and easily controlled, a fact, in view of the ravages of the same disease during the previous year at Hong Kong, which is difficult to explain.

TYPHOID FEVER.—Epidemics of typhoid fever have occurred during the year, notably at Stamford and New Milford, Conn., and Montclair, N. J., which are of interest as being traced to infected milk, the infection having been due in all three to washing cans with water containing typhoid bacilli.

INFLUENZA.—Although there has been no pandemic of influenza, it prevailed during February and March in widely separated regions. In this country, a form of influenza prevailed during the winter, the highest mortality being reached in February, when forty-two deaths from this cause in New York City during the week ending the 23d were reported. In New England during February and March, influenza prevailed to a considerable extent. In Great Britain during the same months, a severe epidemic took place, the mortality increasing rapidly with the age periods. Under the age of twenty it averaged 1.5 per thousand, and between the ages of sixty and eighty, 40.6 per thousand. In Constantinople influenza prevailed during the spring months.

A Busy Doctor.

Dr. Liddell's morning levees were crowded beyond description. It was his pride and boast that he could feel his patient's pulse, look at his tongue, sound him with a stethoscope, write his prescription, and pocket his fee, in a space of time varying from two to five minutes.

One day an army man was shown into the consulting-room and underwent what might be termed the instantaneous process. When it was completed, the patient shook hands with the doctor, and said:

"I am especially glad to meet you, as I have often heard my father, Colonel Forrester, speak of his old friend Dr. Liddell."

"What!" exclaimed the doctor. "Are you Dick Forrester's son?"

"I am, sir."

"My dear fellow," exclaimed the doctor, "fling that prescription into the fire, and sit down and tell me what is the matter with you."—*London Tit-Bits.*

LIBRARY TABLE.

THE JOURNAL OF EXPERIMENTAL MEDICINE.

AN ANNOUNCEMENT. In January, 1896, will appear the first number of *The Journal of Experimental Medicine*, a periodical devoted to original investigations in Physiology, Pathology, Bacteriology, Pharmacology, Physiological Chemistry, Hygiene and Medicine.

The publication of articles embodying the results of original research is one of the most important conditions of fruitful scientific activity. The investigator in any department of science not only must know where to look for the literature of his own subject, but he needs a medium which shall furnish prompt and worthy publication of his own work, which shall supply good reproductions of all needed illustrations, and which, by the character and excellence of its contributions, shall circulate widely among all workers in the special fields of research embraced within its scope.

Within recent years, scientific medicine has made great progress in this country. The standards of medical education have been elevated, well-equipped laboratories devoted to the various medical sciences have been established, and the number of well-trained investigators has steadily increased. With these greater opportunities, the contributions to the medical sciences by American investigators are rapidly becoming more numerous and important.

Hitherto, American students have been deprived of the great assistance which can be rendered by a journal devoted exclusively to the medical sciences above specified. Our own researchers, and still more, foreigners, do not know where to look for many of the widely-scattered original contributions of American investigators to physiology, pathology, bacteriology, and to other medical sciences. A large part of these contributions are published in journals devoted mainly to the practical branches of medicine. Much of the best work is now sent to scientific journals of Europe.

The time has come when we should have an American journal devoted exclusively to the publication of original work in the experimental medical sciences. Such a journal is an urgent need of our scientific workers in medicine. It should secure, both here and abroad, due consideration of work done in this country. It should stimulate scientific investigation, and should extend the influence of scientific medicine. The practitioner who wishes to keep abreast of the times will appreciate the value of such a publication.

It is the aim of *The Journal of Experimental Medicine* to meet the needs described. The Journal is to be devoted exclusively to the publication of articles containing the results of original work in physiology, bacteriology, pathology, and the other sciences mentioned in this announcement. Especial care will be taken to supply good illustrations whenever needed.

That the Journal will be of high character and truly representative of scientific medicine in this country is assured by the character of those whose coöperation has been secured. It is believed that the interest in scientific medicine in this country, and the desire both here and abroad to find readily accessible the publications of American contributors to the medical sciences will secure a large list of subscribers for the support of the Journal.

Dr. William H. Welch, Professor of Pathology in the Johns Hopkins University, is to be the editor of the new Journal, and with him will co-operate a board of twelve associate editors as follows:

For Physiology.—H. P. Bowditch, M. D., Professor of Physiology, Harvard University; R. H. Chittenden, Ph. D., Professor of Physiological Chemistry, Yale University; W. H. Howell, M. D., Ph. D., Professor of Physiology, Johns Hopkins University.

For Pathology.—J. George Adami, M. D., F. R. C. S., Professor of Pathology, McGill University; W. T. Councilman, M. D., Professor of Pathological Anatomy, Harvard University; T. Mitchell Prudden, M. D., Professor of Pathology, Columbia College.

For Pharmacology.—John J. Abel, M. D., Professor of Pharmacology, Johns Hopkins University; Arthur R. Cushny, M. D., Professor of Materia Medica and Therapeutics, University of Michigan; H. C. Wood, M. D., Professor of Materia Medica, Pharmacology and Therapeutics, University of Pennsylvania.

For Medicine.—R. H. Fitz, M. D., Professor of the Theory and Practice of Physic, Harvard University; William Osler, M. D. F. R. C. P., Professor of Medicine, Johns Hopkins University; William Pepper, M. D., Professor of the Theory and Practice of Medicine, etc., University of Pennsylvania.

The Journal of Experimental Medicine will appear in, at least, four numbers during the year, and doubtless, oftener. Whenever sufficient material is ready, a number of the Journal will be issued. A volume of six to seven hundred pages will be

published annually, with many plates and diagrams.

Papers for publication may be sent to the editor, Dr. William H. Welch, 935 St. Paul Street, Baltimore, or to any one of the associate editors in the department to which the paper belongs.

Contributors will receive gratis fifty copies of their papers; additional copies may be obtained at the author's expense.

The subscription price will be \$5.00 per volume. Subscriptions may be sent to the publishers, Messrs. D. Appleton & Co., New York, or to Mr. N. Murray, Johns Hopkins University, Baltimore.

DOCTOR'S STORY SERIES. Baile & Fairchild Co., of New York, announce the establishment of the *Doctor's Story Series*, to be issued quarterly at \$2.00 a year, fifty cents a number. Each number will consist of a complete work of fiction by medical authors. Only such works as are of established value will be reproduced in this popular form. King's "Stories of a Country Doctor" will be issued in January, 1896, to be followed in March by Dr. Phillips' wonderful novel, "Miskel," and later by a new novel now in preparation by the same author.

THE COLLEGE AND CLINICAL RECORD will be hereafter known under the name of "*Dunglison's College and Clinical Record: A Monthly Journal of Practical Medicine.*"

PERISCOPE.

MEDICINE.

Poisoning by Illuminating Gas.

The various jokes on the countryman who blows out the gas show to what an extent this accident occurs and that it is not often done intentionally is the opinion of Dr. John W. Shaw, of Washington, D. C. (*Virginia Medical Monthly*), who believes that 94 or 95 per cent. of cases are due to either carelessness, ignorance or accident. His theory is that the gas poisons in three different ways: First, by the gas replacing, to a greater or less extent, the atmospheric air, consequently reducing the supply of oxygen. Second, by the direct poisonous properties of the heavy and light carburetted-hydrogen, when mixed with air and absorbed through the lungs. Third, by the collection of carbon dioxide in the body for the want of sufficient interchange of gases necessary to remove it. He thinks that it is the retention of effete material in the system that does the harm and it is as much the carbonic acid gas as the illuminating gas which cripples the blood corpuscles which are not able to carry off

THE COLUMBIA CALENDAR. The Columbia Pad Calendar for 1896 has made its eleventh annual issue, and the new issue certainly surpasses any of its predecessors. The cycling fraternity, to say nothing of the general public, has acquired a decidedly friendly feeling for the Columbia Calendar. The new Calendar contains a much better arrangement than in previous years, more space having been allowed for memoranda, while a greater charm has been added by liberal illustration and a unique and convenient grouping of dates, calculated to meet the hurried needs of business men. All these, however, merely form a setting for the bright and sparkling thoughts contributed by Columbia riders everywhere; for such a host of friends has the Calendar acquired that it has become a customary practice for wheelmen all over the country to jot down their best thoughts and inspirations after being subjected to the exhilarating influence of a Columbia ride, and to send them in to brighten its pages. In addition to these pleasing features, the moon's phases are indicated for the benefit of those who wish to know the best time for night riding. The many dainty sketches that embellish its pages render it indeed a work of art. Owing to the unusual demand last year, a much larger edition has been issued for 1896. The Calendar can be obtained for five two-cent stamps by addressing the Calendar Department of the Pope Manufacturing Company, at Hartford, Connecticut.

the carbonic acid gas, thus overwhelming the respiratory centres and causing death. He does not believe in the use of oxygen but thinks that transfusion of blood would be the most rational form of treatment in extreme cases, for it immediately supplies the system with the hemoglobin, of which it is in such great need. This, combined with fresh air, artificial respiration, heat, and stimulants, is sufficient to keep one busy until life or death removes the responsibility. As a stimulant he prefers hypodermic injections of nitro-glycerin as recommended by Klonan, to ammonia by the rectum.—*Western Druggist.*

Suggestion as an Aid to Treatment.

A writer in the *Charlotte Medical Journal* thus dilates on the value of suggestion in the treatment of disease: "Every practitioner is aware that the proportion of faith in the patient has a great deal of influence in the treatment of a disease. A physician of high reputation may administer a given remedy with certain results, whereas the same agent administered by a man of less renown, and in whom the patient has no

confidence, will produce entirely different effects. It is frequent for professional gentlemen in their consultations, to talk like this: 'I find digitalis, in certain conditions of heart trouble, is always beneficial,' and a physician of equal experience replies, 'It always acts badly with me. I am afraid to use it.' The history of many remedies that have for a time been universally popular, and during a period have satisfactorily brought about the results of relief or cure, but at a later period have been found to be useless, worthless and apparently inert, points to the fact that our profession has unwittingly attributed to the drug, potencies that were, in a large measure, due to unconscious suggestion arising from their general confidence in the drug, which confidence led to a positiveness of bearing, expression and environment that was suggestion of a beneficial type, of all of which the physician may be unconscious."—*Western Druggist*.

Heredity: Its Relation to Insanity and Idiocy.

Dr. John P. Chapin (*American Therapist*) says: In the procreation of children, if both parents are of exactly equal potency and not related, the expectancy will be that the physical and psychical characteristics of their children will have a close resemblance to the parents. Thirty one marriages of parties not known to be related, or descendants of relations, produced two hundred and seven children. None of the children were reported to have been born with any defect (Dr. Bemiss). If the potential power of one parent is less than the other, and this may be the general rule, while the expectancy would be that the offspring would partake of the stronger parent, there is no absolute rule, even here, notwithstanding the probabilities. There is a corrective process in constant operation. That nature, constantly, wholly eliminates or limits the influence of the weaker element is certainly true, as many families show members of very opposite degrees of physical development. The reverse is also true, that deterioration is sometimes not wholly eradicated, but continues in an increasing degree. Two persons of marked neurotic organization may transmit their temperament to offspring in a more intensified form, and in the second or third generation, if there is no cross by which it may be by chance corrected, a neurotic heredity or predisposition is established from which may come, with slight exciting cause, some form of mental degeneration, acute insanity, epilepsy, etc. In breeding of temperaments, then, rather than consanguineous in breeding, is more conducive to the development of the neuroses, to eccentricity, and insanity of the general type.

In the discussion of heredity in its relation to insanity and idiocy an attempt is made to show the diversity of facts and views that exist, that there is often a personal element that enters into the preparation of statistics, that there are limitations of our knowledge; also, to formulate an expression of views or principles which are now presented as conclusions:

1. Physical characteristics, those distinguishing the human species, are transmissible as an inheritance.

2. Knowledge, genius and culture are not an inheritance, but depend rather on influence, edu-

cation and environment. Mental receptivity is transmissible. Psychical qualities are not necessarily an inheritance requiring favorable surroundings and circumstances for growth and development.

3. Insanity as a disease is not transmissible by inheritance, but may be acquired or evolved from a neurotic heredity as a basis.

4. A neurotic predisposition is transmissible by inheritance, but there is no absolute rule that it will be transmitted in any given case, or in any case.

5. In-breeding of neurotic temperaments is most conducive to the creation of a neurotic heredity.

6. Idiocy and imbecility may be a defect, having an origin in consanguineous marriages, prenatal conditions, accidents, arrested development, infantile meningitis, tuberculosis, and lack of potency on the part of one of the parents from unexplainable causes.

THERAPEUTICS.

Danger of Carbolic Acid Enemas.

Clysmatas of 1 per cent. solutions of carbolic acid have been highly recommended as a positive cure for ascariides. This mode of treatment is not without danger. A German physician reports (*Medizinische Wochenschrift*), a 1 per cent. carbolic acid solution being administered per rectum to a girl five years of age; the child instantly fell in a swoon, the breathing became stertorous, froth appeared at the mouth, and the attending physician found the pulse strongly diminished. The child's life, fortunately, was saved.

Peptic Properties of Pineapple Juice.

The digestive ferment of pineapple juice resembles in its action the animal ferments, and is said to be of value in the chronic forms of gastritis and dyspepsia. It is employed also in chronic catarrh of the stomach, fermentative decomposition of food, gastric or intestinal pain and in sympathetic nausea and vomiting pregnancy. Bloom, of Philadelphia, reporting his experience with this agent, says: "It can be employed upon the diseased mucous membranes in cases of vaginitis and tonsillitis, when the mucus is such a prominent symptom; it acted better than any other local medication; in nasal catarrh, diluted with one-half water and used as a spray, it acted promptly in cleaning out the mucus and seemed to influence for the good the inflamed membrane."—*Western Drug*.

Dangers of Cocaine.

Several cases are reported by Crenshaw (*Drug Circ.*), in which cocaine produced unexpected and alarming effects. In one case a few drops of a 4 per cent. solution of a cocaine salt were injected into a carbuncle. The patient immediately became pale and began to perspire profusely; he complained of difficulty in breathing, and his pulse became thread-like. He was placed in a recumbent position, the carbuncle was lanced without pain being experienced, and recovery followed without stimulation. In a second case, a

similar experience followed the injection of a few drops of the solution preparatory to opening a whitlow. In a third case, a dram of a 10 per cent. solution (used, however, by mistake for a 2 per cent. solution), injected to relieve tenesmus in dysentery, produced numbness, difficulty of breathing, and coldness of the extremities. The author says that he has been taught, by these cases, a valuable lesson; that he knows of no remedy which requires more caution in its use than does cocaine.—*Western Druggist*.

Euophen in Rhus Poisoning.

Blackwell, of Philadelphia, has called attention to the relief experienced in this affection from the use of euophen. "Some years ago, after being fire-proof to this disagreeable complaint, I got a dose which made life a torment for a while. As I had quite a number of surgical cases on hand just then, I was handicapped, and wished that all such plants as the rhus family were relegated to the centre of Africa. With this trouble in memory, last year I got hold of a bad case of poisoning through sumach, and as an experiment I tried euophen, and with the most satisfactory success. Let me urge my friends to try this when the summer brings out the new crop of poisoning of this variety. For this purpose it may be employed in a 10 to 30 per cent. ointment with vaselin, a solution of the same strength in almond oil, or a dusting powder with talcum varying from 25 to 50 per cent., according to the degree of cutaneous irritation present."—*Charlotte Med. Jour.*

The Three Poisons of Tobacco.

The most dangerous principle of tobacco is not nicotine, as is generally supposed, but pyridin and collodin. Nicotine is the product of the cigar and cigarette; pyridin, which is three or four times more poisonous, comes out of the pipe. It would be well, both for the devotees of tobacco and their neighbors, if they took care always to have the smoke filtered through cotton wool or other absorbent material before it is allowed to pass the "barrier of the teeth." Smokers might also take a lesson from the unspeakable Turk, who never smokes a cigarette to the end, but usually throws it away when a little more than half is finished. If these precautions were more generally observed, we should hear much less of the evil effects of smoking on the nerves and heart, and on the tongue itself.—*Charlotte Med. Jour.*

Poisoning by Lysol.

A healthy woman was given, by mistake, one and a half tablespoonfuls of lysol. The drug was taken early in the morning upon an entirely empty stomach, but was diluted with two ounces of coffee. The woman was immediately seized with violent burning pain in the mouth, throat and stomach. It was forty-five minutes before a physician reached her, and in the meantime nothing in the way of a diluent or emetic had been administered, and vomiting had not occurred. The physician at once administered oils, eggs, diluents and emetics. She was then in a partially comatose state, very pale, perspiring profusely, and with the muscular system in a state of complete relaxation. Respiration was

slow and shallow and the pulse imperceptible. As emesis did not readily occur, the physician returned to his office for a stomach-pump, but upon his return found the woman vomiting freely. The poison had been retained two hours and forty-five minutes. After the vomiting, consciousness partially returned, but the patient remained very weak. After three hours she was still partially unconscious, with great muscular relaxation, a very weak and rapid pulse, and the pupils widely dilated. Dr. Comstock administered another emetic, and large quantities of warm water, until free emesis occurred, were administered. The woman was then given small and frequently repeated doses of magnesium until free purgation was produced. The subsequent gastritis was light, but for forty-eight hours there was partial suppression of urine, with albumin present in large amount. The albumin disappeared on the fourth day, and the secretion of urine became re-established.—*Medical News*.

SURGERY.

Cerebral Compression.

Victor Horsley advances the opinion that cases of cerebral tumor, depressed fracture, and sudden and violent concussion, especially when applied in the occipital region, die from failure of respiration, and not, as is often surmised, from failure of heart. He says: "Of all the lower nerve centres which are necessary to the functions of so-called organic life, the respiratory centre is the most sensitive to mechanical pressure and shocks. In cases of apparent death from intra-cranial pressure, artificial respiration should be immediately performed, and the skull opened freely at once; in cases of sudden shock, artificial respiration should be directly instituted, and in every case heat should be applied to the head, preferably by irrigation."—*Med. Age*.

Easy Method of Circumcision.

Retract the foreskin; insert the glans penis up to the corona into the open mouth of a glass test-tube; draw the foreskin well forward over the end of the tube; tie a strong, small silk cord very tightly around the foreskin immediately in front of the flange of the tube; amputate the foreskin one-eighth of an inch in front of the constricting cord by a circular sweep of the knife; unite the mucous and cutaneous edges of the stump of the prepuce by eight or ten fine interrupted sutures; cut the constricting cord; remove the tube; cover the cut edges well with powdered iodoform; encircle the anterior half of the penis with a roller bandage of iodoform gauze, allowing the meatus to project slightly for facility of urination without soiling or removal of the dressing; and keep the patient in bed, with the penis elevated, for from twenty-four to forty-eight hours.—*DOCTOR JOHN W. ROSS, U. S. Navy, in Medical Record*.

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